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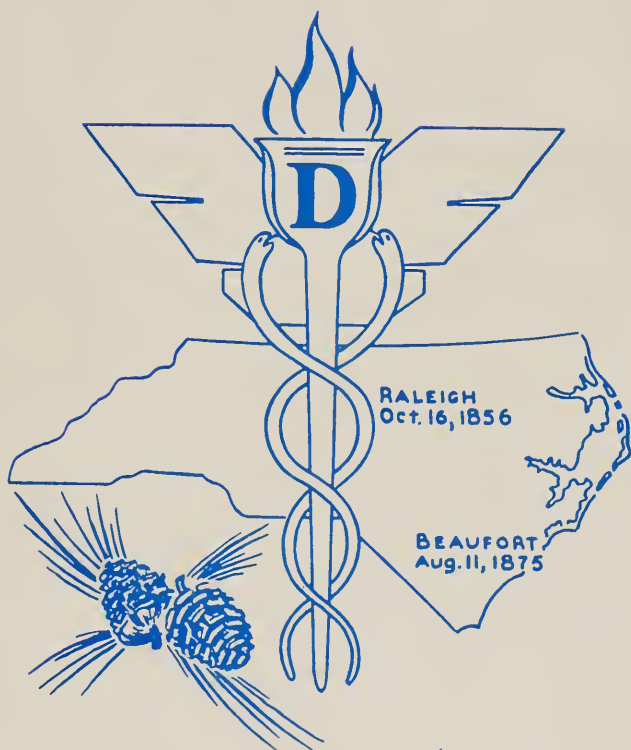
The
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GREENSBORO, NORTH CAROLINA

330 Church Street

THE JOURNAL

of

The North Carolina Dental Society

(Component of the American Dental Association)

VOLUME 38 SEPTEMBER, 1954 NUMBER 1

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MARVIN R. EVANS, *Editor*
Chapel Hill

The closing dates for the Journal are, February 10, July 10, and November 10. Published four times a year, January, April, August and September. Entered as Second Class Matter, August 1951, Chapel Hill, N. C. Subscription \$2.00.



To The First Graduating Class

School of Dentistry University of North Carolina

The doors of our great University were opened in 1795, but it was not until June, 1954, that it graduated the first class in dentistry. This, in reality, is North Carolina's first educational achievement in dentistry—there has been no other school prior to this time. Your heritage from the University and the profession of North Carolina is rich in tradition, in experience, and in accomplishment. You may well be proud but humble. All eyes of North Carolina and the dental world are focused on you, the members of the first class. You now are part of a great profession, which is dynamic, and far greater than any one individual in the profession. While you have been students in reality the past years, in preparation for your life's work, your greatest challenge and opportunity as a "student of dentistry" is still before you.

For those of you who would be real leaders in dentistry, your community, or your church, you must be ready to "give service above self." It has been truthfully stated, "The only thing that you can take with you is what you have given to others."

First Row: Mett Bagley Ausley, Micro; Alexander Jones Biddell, Pembroke; Lawrence A. Cameron, Carthage, Dwight Lanier Clark, Asheville; Albert Purcell Cline, Jr., Canton; Albert Vernon Coble, Burlington; Robert Lee Daniel, Reidsville.

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The President's Page

B. N. Walker, D.D.S., Charlotte

In this year, preceding the ninety-ninth annual convention of the North Carolina Dental Society, we have witnessed the graduation of the first class of Doctors of Dental Surgery from an accredited University in the State of North Carolina. In due time, other classes will follow. However, at this time, it behooves us to stop and review the history of Dentistry in North Carolina.

On October 16, 1856, in the City of Raleigh, the First North Carolina Dental Society was organized. Its membership was limited to the graduate alumni of Dental Colleges, residing in North Carolina and was said to have been the only such society in the country placing that restriction on its membership. These pioneer doctors and those who have followed, wherever they may be, I am sure, are proud of the contribution that they have made to make possible this event at Chapel Hill. It is the culmination of many years of dreams, work, and prayers. One has only to read the book by Dr. J. Martin Fleming, "History North Carolina Dental Society," to fully appreciate the efforts of each generation to elevate the dignity of the profession and perfect the science of one of the healing arts.

On behalf of the North Carolina Dental Society, I wish to welcome to the ranks of organized dentistry the graduates of the first class from the University of North Carolina School of Dentistry. In joining our ranks, we know that you will take your place in the continued progress of our chosen profession.

The District Dental Society Meetings, the State Society Meetings, and

the American Dental Association Meetings offer short, interesting and practical postgraduate courses of which every member should take advantage. The five District Dental Societies have excellent programs planned and each member of the North Carolina Dental Society is invited to all of the meetings. I am sure that there are men on these programs whom it will be well worth your while to take time of and hear. The American Dental Association will hold its annual convention in Miami, November 7-11, 1954, which is an excellent time to go to Florida and combine a vacation with a convention.

We are not only responsible for continuing our pursuit of scientific knowledge but also for educating the public as to the truths concerning oral health and its great importance to their general welfare. In this day of radio, television, and the press, it is necessary that our profession take an active part in this education. It is hoped that the local societies will continue the excellent program which they have initiated during Children's Health Week. The radio and television programs this year did a wonderful job in educational work. It is hoped that every local society will this year take an active part either on radio or television or both. Materials and assistance will be furnished by the State Society for radio, television, and press releases, if they are desired.

The officers of the North Carolina Dental Society will be looking forward to seeing you at the District meetings and the A.D.A. convention in Miami.

From The Secretary's Desk

Ralph Coffey, D.D.S., Morganton

The most interesting paper presented on the program of the State Officer's Conference in Cleveland last September was a discussion of malpractice insurance by Mr. O. B. Sullivan, Claims Attorney for the Aetna Casualty & Surety Co.

Mr. Sullivan was asked to prepare an article in order to cover all the questions and information that developed by his discussion of this important matter. In lieu of a message from your Secretary-Treasurer, I have asked the Editor-Publisher to print this article of Mr. Sullivan's. I feel that it will benefit the membership more than any message of mine possibly could. I urge each of you to read it and give it your careful study.

DENTISTS PROFESSIONAL LIABILITY INSURANCE

By: O. B. Sullivan, Claims Attorney
Aetna Casualty & Surety Company

After many years of underwriting by various carriers of what was originally defined as "Malpractice" insurance, without uniformity as to the coverage afforded or rates charged, the National Bureau of Casualty Underwriters assumed jurisdiction of and developed a new underwriting program for Professional Liability Insurance.

Effective September 1, 1952, the new Physicians, Surgeons and Dentists standard provisions policy form was announced, with uniform premium schedules at what is considered to be an adequate rate level based upon the Practitioners' exposure.

The policy form is identical for Physicians, Surgeons, Dentists.

Be sure your Professional Liability limits are adequate and conform to

today's high awards.

Nothing less than a standard provisions policy with high and adequate limits will do.

I would like to go over this new policy briefly with you gentlemen and after a discussion of the insurance protection afforded—discuss:

1. Definition of Malpractice
2. Component parts of Malpractice
3. Patients Burden of Proof
4. Rule of Proximate Cause
5. The Doctrine of Res Ipsa

POLICY OUTLINE

Individual Coverage

Definition of Insured

"The term 'the insured' means each individual named in the declarations as insured."

NO PARTNERSHIP COVERAGE IS AFFORDED FOR ACTS OF PARTNERS OR THE PARTNERSHIP UNDER THE INDIVIDUAL COVERAGE.

Estate coverage is afforded to the insured's legal representative with respect to liability previously incurred, if the insured shall die or be adjudged incompetent.

Partnership Coverage

Definition of Insured

"The term 'the insured' means the partnership described in the declarations, including each member thereof with RESPECT TO THE ACTS OR OMISSIONS OF OTHERS."

The insured thus is:

1. The partnership, and
2. Each member thereof with RESPECT TO THE ACTS OR OMISSIONS OF OTHERS.

NO COVERAGE FOR A MEMBER'S OWN ACTS IS AFFORDED THAT MEMBER UNDER THE PARTNERSHIP COVERAGE.

Insuring Clause

The company "agrees with the insured to pay on behalf of the insured all sums which the insured shall become legally obligated to pay as damages because of the hazard defined.

Hazards

The hazards insured against are identical under both the individual and partnership forms. The Company will pay all sums the insured shall become legally obligated to pay as damages because of:

1. Injury (may take the form of Bodily Injury, (Property Damage or both, including death and (Mental anguish.
2. arising out of Malpractice, error or mistake
3. in the rendering or failing to render professional services
4. in the practice of the insured's profession (as described in the declarations)
5. committed during the coverage period
6. by the insured or by any person for whose acts or omissions the insured is legally responsible".

Special Provisions

Professional liability contracts are different than other liability forms in the following important respects:

Limits

1. No limit per accident or occurrence
2. No separate limit on Property Damage

Instead, there is first a limit as to "each claim" (not each person; secondly, there is An "aggregate limit" which is the total limit of the Company's liability for the policy period. Claim payments deplete the limits, unless renewed. The limits apply separately (1) as to each insured under the Individual Coverage and (2) as to the Partnership Coverage.

First Aid Medical

Unlike most liability policies there is no provision for immediate Medical and Surgical Aid as may be imperative at the time of accident.

Signed Consent

The policy provides that "the Company will not settle or compromise any claim or suit covered by the policy except with the written consent of the insured."

EXCLUSIONS — FOUR

Individual Form

1. Injury arising out of:
 - (a. Criminal Act or
 - (b. While under influence of intoxicants or narcotics
2. Liability
 - (a. Assumed by Contract
 - (b. Agreement guaranteeing result.
3. Therapeutic X-ray
(Unless declared and paid for—
Note: No practical application to dentistry
4. Proprietary Capacity
(Superintendent or Officer
(Hospital
(Laboratory or
(Business Enterprise

Partnership Form

The above exclusions, and this fifth one:

Liability of a member of Partnership arising out of Malpractice committed by such member.

NO INDIVIDUAL COVERAGE
UNDER PARTNERSHIP FORM
LIABILITY OF DENTIST SAME
AS M. D.'S

Your liability as respects professional services is based on the same principles as that of Physicians and Surgeons.

There is no distinction in the law, the same rules of liability apply to both and to the rendering of all professional services, including the practice of law.

One of the earliest adjudicated cases—*Ely vs. Wilbur*, 49, N. J. L-685—10 Atl. 441 held:—The physician and the dentist, like the attorney, undertakes in the practice of his profession that he is possessed of that degree of knowledge and skill therein which usually pertains to the other members of his profession. That is the test of liability in any alleged professional liability claim.

DEFINITION OF MALPRACTICE

Malpractice is the failure to exercise that degree of care, diligence, judgement and skill which other practitioners in good standing usually exercise under like or similar circumstances. *Kuehmann vs X*, 193 Wis 588.

Malpractice is the treatment by a physician, surgeon or dentist in a manner contrary to accepted rules and with injurious results to the patient. *Napier vs X*, 256 Fed. 196.

Malpractice may arise from acts of omission as well as commission by the failure to perform or by bad performances.

In most cases the degree of care and skill can be established only by the testimony of experts in the particular field of medicine. Without such testimony the jury has no standard which enables it to determine whether the prac-

itioner failed to exercise the degree of care and skill required. Generally the issue of Malpractice is a question of fact. Questions of fact are for the jury.

That remains the rule, it has been consistently followed and universally adopted.

MALPRACTICE—COMPONENT
PARTS

1. *Malpractice*

There must be error, mistake, failure, malpractice, a deviation from accepted practice or technique—the treatment must be deficient and not up to the standard and usual treatment followed by other members of the profession.

2. *Consequential Injury*

There must be *as a result* of such malpractice or failure, injury to the patient. The patient must show that his bad result or misfortune originated from the treatment. The patient must establish a probable causal relationship between his complaints and the treatment—his is the burden of proving, the sometimes insurmountable barrier “proximate cause”.

It is axiomatic in the law of negligence that a causal connection must be established between the injury or loss suffered and the negligence with which the defendant is charged.

BURDEN OF PROOF

The burden of proof in a Malpractice action against a physician or dentist rests with the patient. The practice of medicine or dentistry is not an exact science; the test is: was the method proper and one in general use in the vicinity. *De Bruine vs Dr. X*, 168 Wis. page 104. An allegation of improper treatment calls for expert testimony. *Holton vs Dr. X*, N. W. 225.

RES IPSA LOQUITUR
—the thing speaks for itself—
The doctrine of *res ipsa loquitur* applies where accident could not have happened in usual course of things had ordinary care been exercised and raises presumption of negligence from happening of accident, but does not shift the burden of proof. *Godard vs Dr. X*, 123 III. app. 108. *Res ipsa loquitur* is rule of common sense and not a rule of law; it is a convenient formula for saying that a plaintiff may in some cases sustain the burden of proof by showing how the accident occurred without offering evidence to show why it occurred. *Ryan vs Dr. X*, 121 Conn. 26.

TREND IN MALPRACTICE

A Wisconsin case, *Vale vs Dr. X* 179 N. W. 573 (1920), has been overruled by both Iowa and Minnesota, and the *Res Ipsa* rule applied.

1. *Wisconsin Case*

Vale vs Dr. X, 179 N. W. 575. Action against dentist for malpractice; electrically operated stone slipped from patient's tooth and cut bottom of her mouth and tongue. Jury's award set aside and judgment reversed by the Supreme Court. Dentist's negligence could not be inferred merely from his failure to cut off the power more instantaneously than the accident itself happened.

2. *Iowa Case*

Vergeldt vs. Dr. X, 1 Fed. 2nd 633 (1924). Dentist's drill slipped penetrating floor of mouth. Injured alleged among other things: "Negligence while and in manner of handling and operating the instrument". Directed verdict for Defendant dentist reversed; no question of competency or skill at issue. Citing 135 Pac. 235 the court said "as

a matter of common sense scientific opinion can throw little light on the subject." *Res Ipsa Loquitur*.

3. *Minnesota Case*

Ellering vs Dr. X, 248 N. W. 330 (1933). Dentist electrically operated disk slipped and cut mucous membrane at base of patient's tongue. Dentist contends question as to whether he was negligent is a scientific question requiring expert testimony. Court held: The cause of the movement of drill not a scientific question, not a part of treatment or intended treatment. *Res Ipsa Loquitur* applies.

That the Dentist's negligence may be inferred from the occurrence itself without the need for expert testimony, applies to other types of cases in addition to the above. Failure to remove bone fragments after extraction, 226 S. W. 2nd 252. Penetrating the tongue of a patient with a drill, 18 Neg. Cases, 848 (CCH)

Bence vs. Dr. X, 286 Pac. 1076, Particle of tooth in lung. The court said: Expert testimony is not required, however, where the results of the treatment are of such character as to warrant the inference of want of care from the testimony of laymen or in the light of the knowledge and experience of the jurors themselves.

The rule applies where the accident causing the injury to person or property and instrumentalities causing accident are under the exclusive control and management of the defendant and accident is such as ordinarily would not occur if due care was exercised.

PROPOSED PROGRAM OF
PREVENTION
—of Malpractice Claims and Suits—

Physicians, Surgeons and Dentists in the practice of their profession, dedicated to alleviating human pain and suffering and saving the lives of their patients, cannot be expected to be preparing themselves for a lawsuit during the entire course of a case. Certain fundamental safeguards do, however, go hand in hand with good practice. To follow them routinely, and as a matter of habit, may at some future time mean the difference between being sued or not being sued, or if an action is started, the difference between winning it or losing it.

Records

First and foremost is the matter of records. Too frequently we find records to be scanty and fragmentary, or merely some brief word on the card, listing the calls or visits for the purpose of billing the patient. Such records are of no value in preparing a defense to a lawsuit alleging Malpractice. Experience shows that the patient himself remembers more about what was said and done than does the busy doctor who has many patients. The patient however, cannot rebut the written record. The record on each and every patient should be complete and comprehensive if it is to serve, as it is capable of serving, as a defense weapon. The history is most important; the symptoms both subjective and objective; the diagnosis and the treatment. Record reference on each successive call or visit on the patient's condition, his comments, any change in treatment and comments on patient's progress.

X-rays constitute an important part of the clinical record. In the absence of an agreement to

the contrary X-ray negatives are the property of the physician or dentist who has made them incident to treatment. They are as much a part of the history of the case as any other case record. In the event of a Malpractice suit they may constitute the unimpeachable evidence which would fully justify the treatment of which the patient complains. *McGarry vs Mercier*, 262 N. W. 296 (Michigan)

Frequently a request for X-rays is but a prelude to a Malpractice action. They should be available for study by another physician or dentist to meet the future needs of the patient, but possession should remain in the hands of the owner.

Collection Actions

Upon my desk, as this is dictated, are two files with settlement stipulations and the court's order of dismissal. These alleged Malpractice cases arose out of the collection efforts of an attorney representing the doctor in starting actions to enforce the payment of the doctor's fee, just two months prior to the running of the two year Statute of Limitations. A dissatisfied and disgruntled patient, who has refused to pay his physician or dentist is bound to seek the advice of his attorney when confronted with a lawsuit on the bill. His council will be quick to recognize that a counter-claim alleging Malpractice will probably result in "a trade" in which both the original claim and the counter-claim will offset each other and both will be dismissed. If your collection action is deferred until after the running of the Statute of Limitations in selected cases that look troublesome, you will avoid automatically any allegation of

Malpractice, error or Mistake.

Consultations

Consultations in unusual situations and critical conditions are of great importance. If complaints cannot be readily diagnosed, if patient's symptoms persist and condition does not yield to treatment, if he or his family appear dissatisfied, call a consultant. The presence of a consultant will serve to defeat the contention that there was neglect and in itself indicates that a high degree of care was exercised. The services of a consultant is a protective measure for both patient and the dentist. This procedure better serves the patient, tends to reassure him and permits you to share the responsibility of the case and the liability if Malpractice is later alleged.

Co-operation

In a substantial percentage of the cases observed by this writer in more than twenty-five years of experience, I have found that an inadvertent criticism referable to the treatment afforded or the result obtained by a fellow practitioner, inspires the thought of Malpractice in the patient's mind. To comment adversely upon the method of treatment or the result obtained, upon the mere statement of the patient on the condition that existed, and the treatment given and upon your examination at a much later time is to pre-judge the situation. Malpractice cases continue to increase, lawyers are on the lookout for new fields of conquest and physicians and dentists must be constantly on guard in their friendly co-operation with other physicians and dentists to avoid conduct and conversations that tend to stimulate Malpractice claims. It is self serv-

ing to discourage patients from making charges and accusations against another doctor and dangerous to permit the patient to make such allegations predicated upon your advice, the cycle thus begun may some day reach you personally. The professions should take a united stand against this common danger.

Patient's Consent

A physician, surgeon or dentist can be guilty of technical "assault" and held liable for malpractice in situations where he could otherwise interpose a successful defense and escape liability if he operates or renders service, or performs extractions without the patient's consent.

Insurance Protection

Do not disclose the existence of insurance. Your insurance carrier is not proper party to a lawsuit, cannot be named as party defendant and therefore should be left out of any claim discussion. In all cases, however, they should be promptly notified and progressively advised of developments. Banks advertise Insurance Protection to invite customers; for professional men to do so, would invite lawsuits.

Notice to Your Body Guard

When confronted with a potential claim for Malpractice, communicate at once with your insurer, or if uninsured, with your personal attorney. Steps in the right direction early in the case are vital and influence the end result. We have found there exists a vast difference in opinion, between lawyers and doctors, as to what constitutes Malpractice. Your lawyer may see liability where you recognize none and by the same token, your Insurer or attorney may be able to reassure

you in a situation you feel is potentially dangerous.

Fee Schedule

Avoid disputes over fees. When afforded the opportunity arrive at approximate fees in advance.

Legal Duty

Do not attempt treatment, extractions or surgery beyond the scope of your ability and experience.

Patient's Failure to Return

In *Gentile vs Dr. X*, 138 Atlantic Page 540. Following extraction of two teeth, pregnant patient was told to go home to use salt water solution as mouth wash, apply ice packs to outside of the face and return the next day for further observation and treatment. Four days later she returned, complications had developed, dentist referred her to recognized expert and x-rays were taken, osteomyelitis developed; extensive surgery was required resulting in facial scarring, deformity and permanent disability. It was held: That it was the duty of the patient to co-operate with the dentist—if injury follows failure to return for treatment on following day as requested, patient's neglect is his own misfortune for which he has no right to hold the dentist responsible.

Note: We suggest that in cases where complications might develop and patient fails to keep appointment that the dentist contact the patient and request him

plications or results.

to return and if dissatisfaction is expressed by patient and he indicates he will not return that written notice in letter form be sent, requesting patient to return for observation and treatment, otherwise the dentist disclaims any responsibility for future com-

Specialized Services

One holding himself out to the public as a specialist owes a specialist's degree of care and skill, a higher degree of professional skill than the ordinary or general practitioner.

Medical Public Relations

The practice of Medicine or Dentistry, the operation of a Clinic or Hospital which is the business of medicine, like the insurance business exists because of the misfortune of others. This fact alone is sufficient to generate a positive and definite public interest. We are all engaged in a public service business, we have a trusteeship with our ultimate responsibility to the public. Our conduct and services are constantly on trial in the court of "Public Opinion". It is from the members of the Public that the jurors are picked to sit in judgment of the professional man on trial in a malpractice case. As the court said in a recent case: there is an implied contract in the rendering of all professional services to not only treat skillfully but decently, respectfully and courteously.

First District Dental Society

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Dr. Roberts

Asheville—

Host City

PEARCE ROBERTS, JR., D.D.S.

President

new members. Let us all try to be present to enjoy a delightful lunch and extend a hand of welcome to our new colleagues. If there is a prospective new member in your community please invite him to be with us.

We are indeed fortunate to have such excellent clinicians as Dr. Irwin T. Hyatt and Dr. James H. Sherard. They will present subjects relating to "The Why, When and How of Alveoloplasty for Dentures," and "Endodontics." The full program of table clinics is not yet complete but they promise to be outstanding. We are indebted to these men for their efforts in compiling and presenting their subjects to us.

I wish to express my sincere appreciation to all who by their loyal support have made this program possible, and to thank each of you for your untiring and willing cooperation during the past year. It has indeed been a pleasure to work with you.

It is a privilege to extend a most cordial welcome to all our members, old and new; members of our ladies auxiliary and members of other districts and states to meet with us. Your presence will help assure us of success.

The Thirty-third Annual Meeting of the First District Dental Society will be held Sunday, September 19, and Monday, September 20, 1954 in Asheville at the George Vanderbilt Hotel.

Your program committee has coordinated the efforts of the other committees to arrange what we believe will be an attractive and informative program. The program outline will be similar to that of years past which has proven so successful. As an additional attraction a buffet dinner will be held Sunday evening for members, their ladies and special guests. No charge will be made and we sincerely hope this feature will prove so successful that it will be a permanent part of our future programs. On Monday our entire luncheon time will be devoted to the introduction and reception of

PROGRAM

First District Dental Society

George Vanderbilt Hotel

Asheville, N. C.

September 19-20, 1954

Sunday, September 19, 1954

- 11:00 A. M. Golf Tournament—Asheville Country Club
- 4:00 P. M. Registration—George Vanderbilt Hotel
- 6:00 P. M. Buffet Dinner—Ballroom (No charge for members of First District, their ladies and honorary guests.)
- 8:00 P. M. General Session
Meeting Called to Order by President Pearce Roberts
Invocation
Introduction of Visitors—W. J. Turbyfill
Recognition of North Carolina Dental Society Officers
Minutes of Last Meeting
Treasurer's Report
Committee Reports (Including a question and answer period regarding Insurance Programs of the N. C. Dental Society.)
Election of Officers
- 9:30 P. M. Adjournment, to be followed by Motion Pictures

Monday, September 20, 1954

- 8:00 A. M. Registration
- 9:00 A. M. President's Address Pearce Roberts, Asheville
- 9:15 A. M. "The Why, When and How of Alveoloplasty for Dentures."
Dr. Irwin Hyatt Atlanta, Georgia
- 11:30 A. M. Table Clinics
- 1:00 P. M. Luncheon—Ballroom
Recognition of Visitors
Presentation and Election of Candidates for Membership
Recognition of New Members—W. T. McFall
- 2:00 P. M. "Endodontics. When, Why and How."
Dr. J. H. Sherard Atlanta, Georgia
- 3:30 P. M. Door Prizes—Golf Awards
Final Business Session
Adjournment

IRWIN TOWNSEND HYATT, D.D.S.

Professor of Oral Surgery and Anesthesia and Chairman of the Department, Emory University. Dr. Hyatt is a member of the American Society of Oral Surgeons and Diplomate of the American Board of Oral Surgery. He has served as President of Southeastern Society of Oral Surgeons and Georgia Dental Association, and as Chairman of Scientific Section Oral Surgery and Anesthesia American Dental Association. Appears on the program of the First District.



Dr. Hyatt



Dr. Sherard

J. H. SHERARD, JR., D.D.S.

Dr. Sherard received his training at Emory University from which he was graduated in 1943. After serving with the Navy he joined the faculty of Emory University and is now Assistant Professor of Operative Dentistry. He will appear on the program of the First District.

PROGRAM

Second District Dental Society

Hotel Charlotte, Charlotte, N. C.
October 10-11, 1954

October 10, 1954

- 1:00 P. M. President's Luncheon for Committeemen
2:00 P. M. Registration
2:00 P. M. Golf Tournament
2:00 P. M. Skeet Shooting (Charlotte Skeet Club)
7:00 P. M. Opening Session
Invocation
Address of Welcome, Clyde Jarrett, Charlotte
Response
Recognition of Visitors
Committee Reports
President's Address, Z. Vance Kendrick, Charlotte
Report on President's Address
Election of Officers

October 11, 1954

- 9:00 A. M. "Effects of Filling Materials on the Young Pulp"
Dr. Maury Massler University of Illinois
11:00 A. M. Table Clinics
Participants:
F. P. Pratt, D.D.S. Salisbury
L. R. Thompson, D.D.S. Winston-Salem
D. L. Beavers, D.D.S. Winston-Salem
Hylton Crotts, D.D.S. Winston-Salem
R. F. Jarrett, D.D.S. Charlotte
C. A. Jarrett, D.D.S. Charlotte
E. M. Funderburk, D.D.S. Charlotte
E. U. Austin, D.D.S. Charlotte
F. C. Slaughter, D.D.S. Kannapolis
A. H. Cash, D.D.S. Charlotte
D. L. Ballard, D.D.S. Charlotte
D. T. Waller, D.D.S., J. K. Holladay, D.D.S. Charlotte
G. L. Lazenby, D.D.S. Statesville
1:00 P. M. Luncheon
2:30 P. M. "Odontogenic Infections and Antibiotic Therapy."
Dr. Daniel J. Holland Tufts College Dental School
6:15 P. M. Cocktail Party
7:00 P. M. Buffet Dinner—Dress Optional
Installation of Officers
Adjournment



Dr. Kendrick

Charlotte— Site of Second District Meeting

Z. VANCE KENDRICK, D.D.S.
President

The Thirty-Fourth annual meeting of the Second District Dental Society will convene in Charlotte at the Hotel Charlotte, October 10, 11, 1954.

A change in the timing of the meeting has been effected in order that a comprehensive program of scientific, social and business sessions can be accomplished in a minimum of time with a maximum benefit.

The streamlining of the meeting will make it possible for all members to attend the entire meeting

and at the same time allow them to return to their homes Monday night which, of course, means a day saved in their offices.

The Second District Dental Auxiliary is joining us in a correlated program, and we extend to its members a hearty invitation to be with us in Charlotte.

My sincere gratitude goes to the members of the various committees whose efforts are providing a program of enrichment and inspiration.

A cordial welcome awaits you and all our fellow dentists in Charlotte.



Dr. Massler

**MAURY MASSLER, B.S., D.D.S.,
M.S.**

Professor and Head of the Department of Graduate Pedodontics, University of Illinois College of Dentistry. Dr. Massler earned his degrees at New York University and the University of Illinois. He has contributed to many scientific textbooks and has had over a hundred and twenty papers published in major scientific journals. He appears on the Second District program.

DANIEL J. HOLLAND, D.M.D.

Dr. Holland is Professor of Oral Surgery, Tufts College Dental School; a Diplomate American Board of Oral Surgery; Member of American Society of Oral Surgeons; Vice President of the Massachusetts Dental Society; and Assistant Editor—Oral Surgery, Oral Medicine, Oral Pathology. His paper, "Odontogenic Infections and Antibiotic Therapy," will be presented at the meeting of the Second District Dental Society.



Dr. Holland

**RALPH W. PHILLIPS, D.D.S.,
F.I.C.D.**

A graduate of and now a member of the Staff of the University of Indiana School of Dentistry, Dr. Phillips is Associate Professor and Chairman of the Department of Dental Materials. He was awarded the annual national prize given by the Chicago Dental Society in 1948 for research on the "Effect of Fluorides on Hardness of Enamel." His many scientific papers have been published widely and he has lectured extensively throughout the United States and Canada. Appears on the program of the Third District.



Dr. Phillips



Dr. Smith

CHARLES H. SMITH, D.D.S.

Dr. Smith is a graduate of Emory University. After serving as Dental Officer in the U. S. Navy; and graduate training in Orthodontics at the University of Montreal, he joined the staff at Emory in 1948, and is now Associate Professor of Orthodontics. His subject "Palliative Orthodontia" will be presented at the Third District Meeting.

PROGRAM

Third District Dental Society

Mid-Pines, N. C.

October 17, 18, 19, 1954

Sunday, October 17, 1954

12:00 Noon Golf Tournament

6:00 P. M. Social Hour

Monday, October 18, 1954

8:00 A. M. Breakfast

9:00 A. M. Registration

9:30 A. M. Opening Session

Invocation—J. S. Betts, Greensboro

Address of Welcome—E. M. Medlin, Aberdeen

President's Address—George F. Kirkland, Durham

Recognition of Dental Society Officers

Introduction of Visitors—J. E. Roberts, Burlington

Presentation of Candidates for Membership

10:30 A. M. "Evaluation of Newer Dental Materials and Techniques and Factors Affecting Their Clinical Success."

Dr. R. W. Phillips Indiana University

2:00 P. M. "Palliative Orthodontia."

Dr. Charles H. Smith Atlanta, Georgia

3:30 P. M. "Use of Dental Materials." Panel Discussion

Dr. Claude Baker, University of North Carolina, Moderator;

Dr. R. W. Phillips, Indiana University; Dr. Paul Vinton,

University of North Carolina; Dr. Frank Atwater, Greens-

boro; Dr. Ken Pfeiffer, Veterans Hospital, Durham.

5:00 P. M. Business Session

Committee Reports

Election of Officers

6:30 P. M. Dinner—Awarding of Golf Prizes—Favors for the Ladies

9:00 P. M. Dance—Pine Needles Club

Tuesday, October 19, 1954

8:30 A. M. Breakfast

9:30 A. M. Table Clinics

12:00 Noon Final Session

Installation of Officers

Adjournment



Dr. Kirkland

Join Us— at Mid-Pines

GEORGE F. KIRKLAND, D.D.S.

President

ate a little from our programs in the past just as an experiment to see if we can create more interest and more local participation in our program, if that is possible.

The membership in our Society has grown tremendously in the last few years and now we are second only to the Second District in members. We have over two hundred members and the prospects for the future are that one day we will be the largest of the District Societies.

So let me urge all the members of the Third District to attend this meeting. Not only will they meet old friends, and classmates, they will make new contacts and new friends, some that may prove to be life time associations. It is always nice to be around people that have the same problems that we do. We are all in the same profession and we can only benefit by close association.

There are some outside our district that like our meetings. I want to extend to those who have been and to those who would like to come a cordial invitation. The more the merrier.

At this time let me thank those that have given their time and effort to make this meeting possible. Let me especially thank the other officers and committee chairmen. With the help of the other members I am sure we can make this the Thirty-Fifth Annual Meeting of the Third District Dental Society one of the best.

It has been several years since we have held our Third District Dental Society meeting at Mid-Pines and I think we all are looking forward to getting together again at this most ideal spot on Sunday, October 17.

The facilities have always been good and I think we can again expect to have a wonderful time and at the same time better ourselves in a professional sense.

I might say that at this particular time the golf course is in excellent shape. I would advise those who love the game to be sure to bring their clubs. Also, I want to urge the ladies to come because we are planning to have some fine entertainment. This year we decided to appoint a special entertainment committee and knowing this committee I know we will not be disappointed in this respect.

The Program Committee has done an excellent job in securing top flight clinicians for our program and this year we are going to devi-

Fourth District Dental Society

OFFICERS

S. B. TOWLER, Raleigh	<i>President</i>
W. H. FINCH, JR., Henderson	<i>President Elect</i>
D. C. WOODALL, Etwin	<i>Vice President</i>
J. E. SWINDELL, Raleigh	<i>Secretary-Treasurer</i>
L. J. MOORE, JR., Lumberton	<i>Editor</i>

COMMITTEES

Program

W. Howard Branch, Chairman	
Tom Collins	Marcus Smith

Entertainment

H. Royster Chamblee, Chairman	
Glenn F. Bitler	L. D. Herring
H. L. Ligon, Jr.	James H. Edwards

Mental Institutions

Victor E. Bell, Chairman	
Robert S. Beam	Ernest A. Branch
T. L. Young	J. R. Edwards, Jr.

Publicity

J. Walton Branham, Chairman	
J. S. D. Nelson	Robert Finch

Membership

W. H. Finch, Jr., Chairman	
Worth M. Byrd	J. R. Edwards, Sr.

ADA Relief

J. Martin Fleming, Chairman	
Glen L. Hooper	R. D. Clements

Ethics

S. L. Bobbitt, Chairman	
Alex Pearson	LeRoy Pridgen

Hospitality

William Penn Marshall, Chairman	
J. J. Tew	E. D. Baker
David W. Seifert	Tom Hunter

Constitution and By-Laws

C. W. Sanders, Chairman	
J. M. Pringle	H. L. Allen

Graduate Study Course

L. M. Massey, Chairman	
G. Fred Hale	L. J. Moore, Sr.

School Health Committee

C. E. Abernethy, Chairman	
Paul T. Harrell	R. S. Jones

Old Acquaintances Will Be Renewed Again—

S. B. TOWLER, D.D.S.

President

October 25th brings us back to the Capital City where the Fourth District Dental Society proudly welcomes you to the Sir Walter Hotel, to see old friends, meet new colleagues, and add to our knowledge the many new things in the science of dentistry.

On Monday evening, October 25, at seven o'clock we will be entertained at a banquet with many added features. Start making plans now to get on the band wagon and have fun. The Auxiliary has plans for the ladies on Tuesday while we have our scientific program—so don't leave your wives at home.

I am indeed grateful to our district officers, Dr. Royster Chamblee, Chairman of the Entertainment Committee, Dr. W. Howard Branch, Chairman of the Program Committee, and the committee members who have worked so diligently to make this meeting one of our most outstanding.

The Fourth District was fortunate this past year in having the first Postgraduate Extension Courses presented by our School of Dentistry. These courses were offered in Fayetteville and Raleigh. The response was good and we believe that



Dr. Towler

the sessions were beneficial to all who attended. We bespeak for this service your continued interest and cooperation with a view of having such courses in several points in the Fourth District.

Another matter to which I would like to direct your attention is that of the ADA group insurance plan. This plan affords our younger members the opportunity of securing needed protection at a very attractive rate and for some of our older members benefits which they could not otherwise obtain. We hope that the thirty additional applicants needed at the time of the Pinehurst meeting to put this plan into effect have been secured.

In closing, may I express my appreciation to the members of the Fourth District for your concern and zeal in promoting, at all times, the welfare and high standards of our profession. Let us make our district meeting a pleasant and profitable occasion.

PROGRAM
Fourth District Dental Society
Hotel Sir Walter, Raleigh, N. C.
October 25-26, 1954

Monday, October 25, 1954

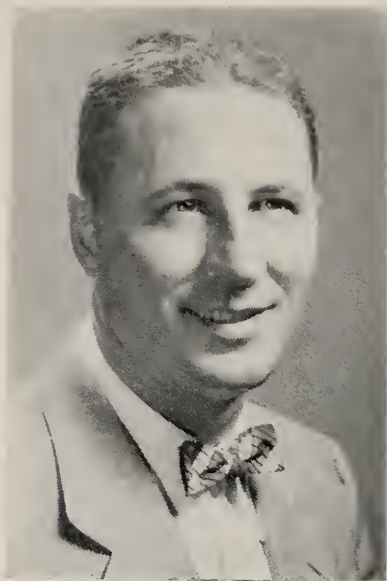
- 7:00 P. M. Banquet—Senator Sam J. Ervin, Jr., Speaker
9:00 P. M. Dance—Semi-formal

Tuesday, October 26, 1954

- 9:00 A. M. Meeting called to order by President S. B. Towler, Raleigh
Invocation
Secretary-Treasurer's Report
President's Address
- 9:30 A. M. Business Session
Election of Officers and Delegates
Presentation of Applicants for Membership, J. E. Swindell
Recognition of Officers of the State Society
Introduction of Visitors, G. Fred Hale, Raleigh
- 10:30 A. M. "What the Dental Practitioner Should Know About Cancer."
Dr. S. B. Kreshover Medical College of Virginia
- 11:45 A. M. "Centric Relation"
Dr. L. G. Coble Greensboro
- 12:30 P. M. Luncheon
- 1:30 P. M. "Recent Concepts in Prosthetic Dentistry."
Dr. Walter A. Hall University of North Carolina
- 3:00 P. M. Table Clinics
- 4:00 P. M. Business Session
"Charge to New Members," E. A. Branch, Raleigh
Committee Reports
Installation of Officers
Adjournment

**S. J. KRESHOVER, D.D.S., B.A.,
M.D., Ph.D.**

Professor of Oral Pathology and Director of Dental Research and Graduate and Postgraduate Study, Medical College of Virginia School of Dentistry. Dr. Kreshover is a member of the American Dental Association, American Medical Association, American Academy of Oral Pathology, and a Fellow of the American College of Dentists. He was formerly a Carnegie Fellow and Calhoun Scholar in Clinical Medicine and Pathology at Yale University Graduate School of Medicine.



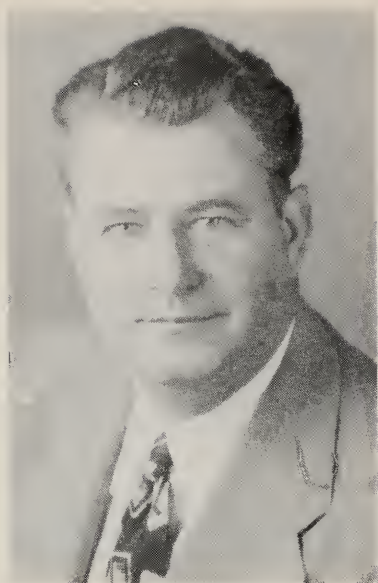
Dr. Kreshover



Dr. Coble

LUCIAN G. COBLE, D.D.S., F.I.C.D.

Diplomate American Board of Prosthodontics, Staff Consultant at Camp Gordon, Georgia, Clinical Professor of Prosthodontics, University of North Carolina. He is a member of American Academy of Plastics Research, American Denture Society, and the Southeastern Academy of Prosthodontics. His subject, "Centric Relation" will be presented at the meeting of the Fourth District.



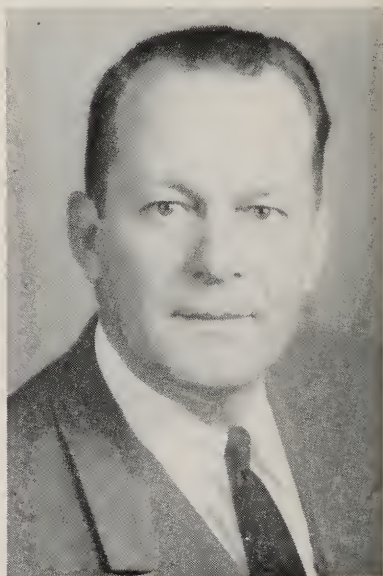
Dr. Hall

**WALTER A. HALL, JR., B.S.,
D.D.S., M.S.**

Professor and Head of the Department of Prosthodontics, University of North Carolina. Received his training at the University of Southern California and the University of Michigan. He is a member of the American Denture Society, Executive member of Southeastern Academy of Prosthodontics and a Diplomate American Board of Prosthodontics. Has appeared on many state programs and on the programs of the American Dental Association.

MARVIN R. EVANS, D.D.S.

Head of the Department of Oral Diagnosis and Treatment Planning at the University of North Carolina. Received his training at the University of Maryland and the University of Pennsylvania Graduate School of Medicine. He will appear on the program of the Fifth District.



Dr. Evans

New Bern

Dentists Hosts

COYTE R. MINGES, D.D.S.
President



Dr. Minges

The Fifth District Dental Society will meet in New Bern, October 24 and 25. The meeting will open Sunday night with a banquet and entertainment. The New Bern Dentists are the hosts with Dr. C. B. Johnson as Chairman.

Dr. Charles Cook and Dr. Henry Zaytoun with their Program and Clinic Committees have some very fine and interesting presentations for Monday's program. I believe that they will meet with your approval.

The ladies are especially invited. They will meet with us for the banquet. The Dental Auxiliary has a separate program for Monday which should be very worthwhile to the ladies. The Auxiliary is proving

a big asset to the dental profession. They are really moving forward.

All members of the North Carolina Dental Society are invited to our meeting. We think that we have one of the best districts in the state. Come and find out. You have a sincere invitation.

I want to thank each member that had a part in this year's program. Everyone has been most cooperative.

Let's go to New Bern October 24 and 25. Bring your wife, ask your neighbor dentist to come with you, ask that young dentist that has just started in practice to come—and most of all, YOU.

Fifth District Dental Society

OFFICERS

COYTE R. MINGES, Rocky Mount	<i>President</i>
J. M. ZEALY, Goldsboro	<i>President Elect</i>
WILLIAM H. GRAY, Williamston	<i>Vice President</i>
M. M. LILLEY, Scotland Neck	<i>Secretary-Treasurer</i>
DONALD L. HENSON, Kinston	<i>Editor</i>

COMMITTEES

Program

C. S. Cooke, Chairman	E. C. Denton
C. P. Godwin	

Clinic

Henry Zaytoun, Chairman	Junius C. Smith
Tom Fleming	

Arrangements and Publicity

C. B. Johnson, Chairman	J. M. Anderson
W. L. Hammond	W. L. Hand, Jr.
C. T. Barker	
Roy Miller	

Auditing

Darden Eure, Chairman	R. L. Whitehurst
R. E. Williams	

Dental Decay

G. L. Overman, Chairman	A. Dwight Johnson
Sidney V. Allen	

Resolutions

Fred Hunt, Chairman	J. M. Zealy
B. McK. Johnson	

Relief

Paul Fitzgerald, Chairman	Z. L. Edwards, Jr.
Horace Thompson	

Necrology

Paul Jones, Chairman	H. E. Nixon
J. M. Kilpatrick	

Membership

W. H. Young, Chairman	Wm. H. Gray
Z. L. Edwards	

PROGRAM
Fifth District Dental Society
New Bern, North Carolina
October 24, 25, 1954

Sunday, October 24, 1954. Shrine Temple

6:00 P. M. Supper. Humorous Speaker, Musical Program, Prizes for the Ladies

October 25, 1954

Monday Morning, Shrine Temple

9:00 A. M. Meeting called to order by President Coyte R. Minges
Invocation, The Reverend Charles E. Williams
Address of Welcome, Mayor Mack L. Lupton
Response to Welcome, Darden Eure
Minutes of Last Meeting
President's Address
Necrology Committee Report
Presentation of Applicants for Membership
Greeting from N. C. Dental Society Officers
Greetings from the Dental College
Introduction of Visitors

10:00 A. M. "X-ray Interpretation as an Aid to Diagnosis."
Dr. Marvin R. Evans University of North Carolina

11:00 A. M. Question and Answer Period

11:30 A. M. Table Clinics

Monday Afternoon

1:00 P. M. Luncheon. Episcopal Parish House

2:15 P. M. Business Session
Treasurer's Report
Report on President's Address
Committee Reports
New Business
Election of Officers
Place of Next Meeting
Installation of Officers
Adjournment

A bus tour to the historic points of interest has been arranged for the ladies for Monday morning.

Treatment of Fractures

By Joseph F. Burket, D.D.S.

The fractured or injured young permanent incisor presents a problem to all practitioners of dentistry who treat the teeth of children. The management of such cases is extremely important and its result plays a vital part in the future dentition and dental outlook of the individual who has the misfortune to fracture a permanent incisor. Some dentists who examine these injuries may be at a loss as to how to treat them and therefore assume an attitude of watchful and hopeful waiting to see what will happen. Early treatment may often be a deciding factor between success and failure. Treatment methods for some of the more common types of fractures of the crowns of young permanent incisor teeth will be described.

Injured anterior teeth occur from various kinds of accidents, some of which are most unusual. Those which appear more frequently result from accidents of automobile, drinking fountain, playground equipment, swimming pool, bicycle and athletic contests. The prevalence of automobile wrecks and varied physical activities of normal healthy children are mute evidence that injuries of children are not decreasing, so it behooves each dentist, and especially the family dentist, to be prepared to accomplish adequate temporary treatment and, if possible, continue each case to a successful conclusion.

Sweet¹ observed that more

than ninety percent of all fractured teeth occurred in the upper jaw and that of those fractures more than ninety percent protruded and did not have lip coverage. From a survey of forty-five cases, Hogeboom² noted that the largest number were of children from eight to ten years of age. In many children from ages seven to nine the lateral incisors have not erupted, leaving the two central in a vulnerable position to receive full impact from a blow. Demeritt³ expressed the opinion that children with Class II malocclusion were more apt to experience injury to the upper anterior teeth.

A classification of injuries is of advantage in planning treatment. Many authorities such as Brauer⁴, Ellis⁵, McBride⁶, and Sweet¹ have classified injuries and fractures of children's teeth. Sweet's classification which

1. Sweet, C. A., "Fractured anterior permanent teeth," *J.A.D.A.* 29: 97, Jan. 1942.
2. Hogeboom, F. E., *Practical Pedodontia*, 6th ed., St. Louis, C. V. Mosby. 1953, 642 p. (p. 388.)
3. Demeritt, W. W., *Personal Communication*, Mar. 1, 1954.
4. Brauer, J. C., "The treatment of children's fractured permanent anterior teeth," *J.D.A.* 21: 399-407, Oct. 1950.
5. Ellis, R. G., *The Classification and Treatment of Injuries to the Teeth of Children*, 2nd ed., Chicago, Year Book 1918: 256 p.
6. McBride, W. C., *Juvenile Dentistry*, 5th ed., Philadelphia, Lea & Febiger, 1952: 370 p. (p. 250.)

follows will be used for purpose of simplicity.

1. Tip fracture without exposure of dentin.
2. Tip fracture with slight amount of dentin exposed.
3. Fracture of considerable depth without pulp exposure but well into dentin.
4. Fracture with pulp exposure but apical opening of pulp canal not closed.
5. Fracture with pulp exposure but apical opening of pulp canal well closed.

Diagnosis: The importance of making an accurate diagnosis cannot be overstressed. There should be no delay in examining the child after the accident has occurred and every case should be carefully examined before a diagnosis is made. Many parents will telephone the dentist, reporting the accident and stating that the teeth appear to be uninjured. The busy practitioner may be tempted to postpone examination or perhaps inform the parent that no treatment is necessary. There is always a possibility that the damage is greater than observed by the parent. Roots may be fractured, enamel on the lingual surface broken, adjacent and opposing teeth involved and other complications present. A history of the accident determining when and how it occurred is of prime importance. Radiographic, vitality and mobility tests should be made for the tooth in question as well as the adjacent and opposing teeth. The ice test or electric pulp tester may be employed to determine vitality. The ice test is usually adequate and most children are not so apprehensive of it as of the electric pulp tester. A negative response is not

always indicative of a non-vital or lost pulp.

The pulp may be in a state of shock and after a period of from a few days to a week or even longer it may respond favorably. Good radiographs of the teeth are not only an aid to diagnosis but are of value as a permanent record of the tooth, which may be referred to at a future date.

Emergency Treatment: Some form of emergency treatment and covering should be accomplished at the first visit to protect the pulp and maintain space. Before discussing management of fractures as to classification a few methods of temporary treatment will be described. A stainless steel band, fabricated from .002 thickness stainless steel matrix metal, may be placed on the tooth. A strip, cut to a width slightly wider than the length of remaining crown is adapted around the tooth and pinched tight at the lingual. The band is then removed from the tooth, the joint spot welded or soldered, lapped and polished, similar to an orthodontic band. Chrome steel crowns are now available in several sizes for anterior teeth. They are readily adapted and contoured to the remaining portion of the tooth and provide an acceptable temporary restoration which usually will protect the tooth over a period of a few weeks or several months. Should aesthetics be a factor and the fracture is not extensive the labial portion of the crown may be cut away similar to an open face crown.⁷

7. Humphrey, W. P. & Fleige, F.J., "Restoration of fractured anterior teeth with steel crowns," *J. Dent. Child.*, 4th quarter, 1953: p. 178.

A narrow portion of the crown at the labiogingival margin is left to prevent the crown from spreading (Fig. 1). When this restoration is cemented care must be taken to assure that cement is present under the narrow labial band of metal to prevent decalcification of that area of enamel. Celluloid or resin crown forms may also serve as temporary coverings but they lack the strength and durability of the metal bands and crowns.

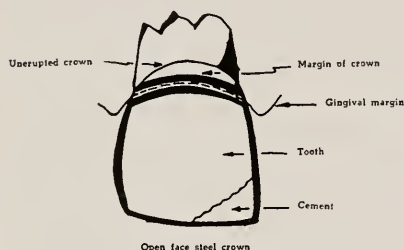


Fig. 1

A temporary restoration which is frequently dislodged decreases the chances of maintaining the vitality of the tooth so treated. Before any restoration is cemented, exposed dentin should be cleansed with a mild antiseptic, dried and covered with a layer of sedative cement of the zinc oxide-eugenol type.

Management by Classification:

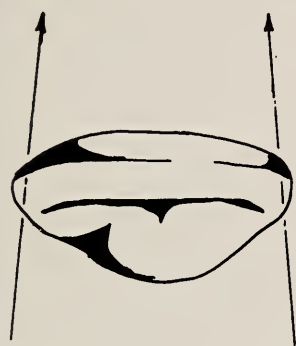
Class 1 and 2: Tip fractures with little or no involvement of the dentin: If no dentin is exposed slight diskling and polishing, to provide a smooth, self cleansing area, will prove adequate. The same treatment may frequently suffice where a very slight amount of dentin is exposed. Should the tooth be sensitive, moderate grinding may be undertaken at intervals of

several weeks. This also proves successful where it is deemed necessary to grind the incisal edge of the adjacent tooth for reasons of esthetics.

Class 3: Fracture of considerable depth without pulp exposure but well into the dentin: Teeth so fractured should be treated with a temporary restoration as soon as possible after injury. When adequate diagnosis has been made the tooth is isolated, dried and the exposed dentin cleaned with a mild antiseptic. Hydrogen peroxide may be used as a cleansing agent followed by drying and application of a layer of sedative cement covering the exposed dentin. The temporary restoration should then be cemented with a suitable crown and bridge cement. A close follow up is necessary and the parent should be so informed. At monthly intervals the tooth is tested for vitality, sensitivity to percussion and mobility. After six months, if no unfavorable symptoms have developed, a radiographic examination is made and a temporary-permanent restoration is made and placed on the tooth. This restoration may be an inlay or a gold (three-quarter) basket crown. The basket crown described by Brauer^{4,8} and Ellis⁵, although lacking some esthetic properties, is as acceptable a temporary-permanent restoration as has been developed to date. It is practical, conservative, easily fabricated and in most instances will serve until eruption and pulp recession will permit a permanent type of restoration to be placed.

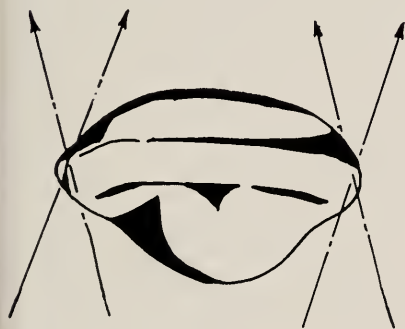
8. Brauer, J. C., et al., *Dentistry for Children*, 3rd ed., New York Blakiston. 454 p.

Technic for preparation and construction of a basket crown: A minimum of preparation of the tooth is desired for this type of crown. Slices are made with a separating disk on the mesial and distal. If the tooth is thin labio-lingually one slice is performed on the mesial and on the distal directed with a taper toward the labial (Fig. 2). If the tooth is thick labio-lingually and the crown has considerable bell shape it is necessary to make two slices each on the mesial and on the distal, one tapering



Direction of slices on tooth which is thin labio-lingually

Fig. 2



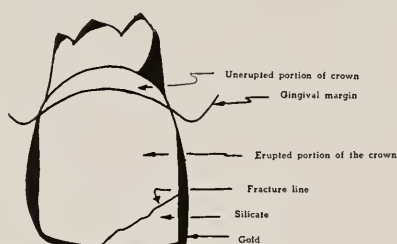
Direction of slices on tooth which is thick labio-lingually

Fig. 3

toward the labial and one tapering toward the lingual (Fig. 3). The slices should be parallel extending just beneath the free gingival margin. The unfractured incisal edge is disked or ground slightly to allow for a thin protective edge of gold. Very little grinding is usually required on the lingual. In the event of a very close bite a slight amount of enamel of the opposing teeth is ground away and polished. In every instance the gingival border of the crown will be determined by the stage of eruption of the tooth. Frequently on young teeth the crown will not extend over the cingulum which has not yet erupted. A compound impression in a well adopted copper band is taken and a stone die produced. A piece of softened inlay wax is placed on the prepared tooth followed by an impression, in plaster or solvite, of the anterior teeth. A wax bite is taken to register occlusion of opposing teeth. The tooth is again covered with a temporary crown cemented with sedative cement. The base of the die is tapered, lubricated and waxed to place in the plaster impression. Separating media is applied and a stone case produced. The cast is articulated with the wax bite. A thin three-quarter crown is then waxed, in inlay wax, on the stone die. A window is cut out in the wax on the fractured portion so that only a thin incisal edge of gold is visible from the labial (Fig. 4). The wax pattern is invested and cast in a hard spring type gold. The casting is then placed on the die to be finished and polished. At the next appointment the finished crown is cemented on the tooth

A light cement is used allowing a thin layer to remain in the incisal corner window to mask the gold. The window is then restored with a matching shade of silicate.

Fractures which are too extensive to restore with a basket

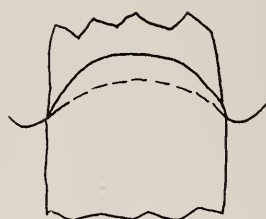


Basket crown
Fig. 4

crown yet do not expose the pulp: A temporary - permanent restoration which will not be dislodged may be constructed by the use of auxiliary pins in a basket crown; a gold thimble or various combinations of gold and acrylic. The end result of extensive loss of tooth structure, when pulp recession permits, is usually a jacket crown. Therefore, it is permissible to remove more of the enamel in order to devise a gold thimble acrylic faced crown.

Technic for construction of gold thimble acrylic crown: A local anesthetic is administered. The radiographs are studied carefully to determine the size and position of the pulp. Mesial and distal slices are prepared, similar to those for a basket crown (Fig. 5). The labial and lingual enamel is carefully reduced by conservative grinding and disking for the danger of pulp injury is great in young

teeth⁹. Reduction of the enamel is required to provide for adequate bulk in the finished crown. The pulp is not as close to the labial surface as one might believe. According to Hartsook¹⁰, the pulp of young permanent incisors is wide mesiodistally but narrow in labio-lingual diameter.



Preparation of tooth
for gold thimble
Fig. 5

A tube impression is made of the prepared tooth and a stone die produced. After lubricating the die one layer of 28 gauge wax is used to form a wax thimble on the die. This wax may be reinforced on the lingual with inlay wax extended incisally enough to permit the opposing teeth to strike gold instead of acrylic. A retention groove and finish line are carved in the wax on the lingual (Fig. 7). The wax pattern is invested and cast in hard gold. The casting is then stoned and disking on the labial until it is quite thin. A series of retention holes are cut through the labial with a No. 1 round bur (Fig. 6). The casting is

9. Lefkowitz, W., "Effect of operative procedures on non carious teeth of young persons," *J.A.D.A.* 1864: 1874: October, 1942.
10. Hartsook, Joseph T., "Management of young anterior teeth which have been involved in accidents," *J.A.D.A.*, 554-564, Nov. 1948.

then fitted on the tooth in the mouth, or on the die in the articulated casts and the remaining portion of the crown waxed in ivory inlay wax. It is desirable that the crown be waxed up slightly larger than the original to allow for finishing, establishment of contact and polishing. The waxed up crown is then invested in a small split flask for processing in acrylic. After the flask has been separated and the wax flushed out, a masking medium is applied to the labial portion of the gold to prevent the gold color from showing through the acrylic. One of the resin cements, applied by brush technic in a thin layer, will mask the gold. The desired shade of acrylic resin is then packed and cured.

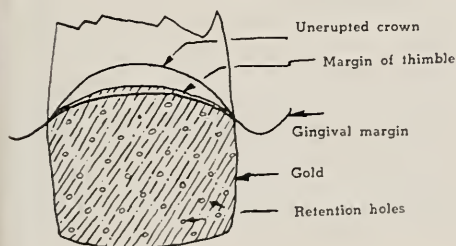
Class 4: Fractures with pulp exposure but apical opening of pulp canal not closed: Such injuries may range from a minute opening to a complete exposure of the bulbous portion of the pulp. Emergency treatment, initiated as soon as possible after injury, usually falls into one of two modes - pulp capping or vital pulpotomy. Successful pulp capping has been reported; however, results from the vital pulpotomy are as good if not better and it offers certain

advantages which favor it as treatment of choice¹⁰. A plan similar to that described by Zander and Law¹¹ is described below. The operation is best performed under local anesthesia following an aseptic technic.

Technic for Vital Pulpotomy:

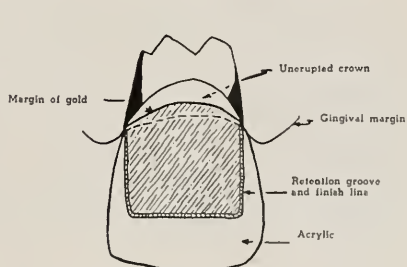
- A. Crown is isolated, cleansed and mild antiseptic applied.
- B. Access to pulp chamber is gained through the lingual. The enamel and dentin directly over the pulp is carefully removed.
- C. The coronal portion of the pulp is amputated with a sharp spoon excavator or large round bur to a depth of one to four millimeters below the level of the cervical margin. This depth will later provide space for a retention pin or post. The entire pulpal cavity is thoroughly cleansed of debris.
- D. Hemorrhage is usually controlled with pledgets of cotton applied to the pulp stump, but where difficulty is encountered, the pledget may be saturated with ad-

11. Zander, H. A. & Law, D. B., "Pulp management in fractures of young permanent teeth," *J.A.D.A.* 29: 737, May 1948.



Labial view of gold thimble with retention holes

Fig. 6



Lingual view of thimble acrylic crown

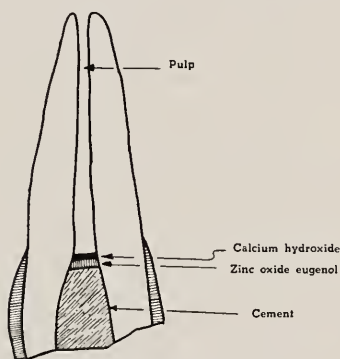
Fig. 7

renalin hydrochloride 1 to 1000 or a few drops of the anesthetic solution. Should these measures fail to stop pulpal bleeding the prognosis of success is not good.

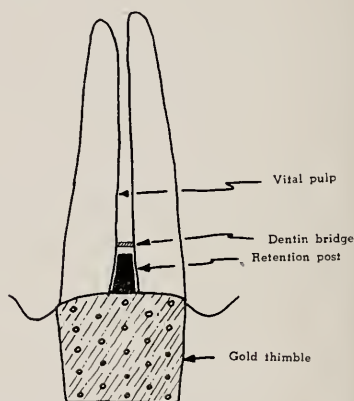
- E. A thin layer of calcium hydroxide, in either paste or powder form, is placed over the pulp stump followed by a layer of zinc-oxide eugenol cement. The remainder of the pulpal cavity is filled with regular dental cement (Fig. 8).
- F. One of the temporary restora-

and continued root formation will progress on teeth so treated successfully.

When the dentin bridge is clearly observed and the tooth responds to a vitality test, a temporary-permanent restoration may be placed upon the tooth. The dentin bridge is not always a criterion of successful pulpotomy treatment. In some instances, death of the pulp occurs after formation of a bridge. The pulp may likewise remain vital where no bridge of dentin is formed. Either of



Cross section illustrating vital pulpotomy technic
Fig 8



Cross section of thimble crown with retention post
for teeth with successful pulpotomy
Fig. 9

tions, as previously described, is cemented on the tooth.

- G. A post operative radiograph taken at this time will prove of value later as a basis of comparison.

A close follow up of the patient is advisable. A bridge of dentin may be observed radiographically beneath the calcium hydroxide in from 30 to 60 days.

The calcium hydroxide will appear as a radiolucent area and should not be mistaken as a void or area of decay under a restoration. Pulp vitality is maintained

the two temporary-permanent crowns as described, with addition of a retention post may serve this purpose (Fig. 9).

Class 5: Fracture with pulp exposure but apical opening of the pulp canal well closed: A vital pulpotomy or a pulp cap may be attempted. Should these fail, a complete pulp extirpation and root canal filling could be accomplished. Where these injuries have been neglected, an infected pulp and apical abscess may be present for which root canal therapy followed by apico-



FIG. 10—Left: Temporary restorations. Steel crown on maxillary incisor and steel bands on mandibular incisors. (Courtesy of Dr. Roy Lindahl, University of North Carolina.) Center: Open face steel crown. Temporary restoration on fractured incisor. Right: Gold basket crowns on maxillary incisors, in service seven years.

ectomy would be the indicated treatment.

Summary:

Treatment of fractured permanent incisor teeth of children may present a problem to some dentists. These injuries occur from many types of accidents and appear to be increasing due to the varied physical activities of children. A system of classifi-

cation and treatment for these fractured teeth is described which includes emergency care and technic for pulpotomy, construction of basket crown and thimble acrylic crown. These methods have been followed by many operators, thereby saving countless valuable anterior teeth which otherwise might have been condemned.

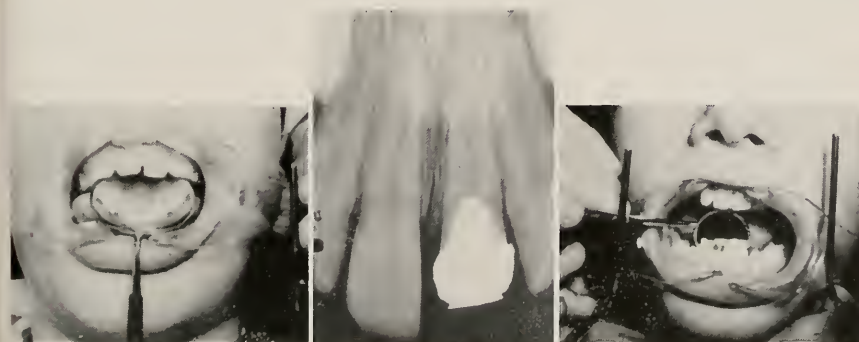


FIG. 11—Left: Thimble acrylic crown on maxillary incisor. Center: Roentgenogram of maxillary incisor which had pulpotomy treatment followed by thimble acrylic crown. Note dentin bridge. Right: Thimble acrylic crown in mandibular incisor.

News Items

● The final session of the series of meetings in postgraduate study held in Fayetteville ended with a barbecue given by Dr. L. J. Moore, Sr. at his cabin on Rockfish Creek.

● After serving eleven months in the Korean Campaign, Dr. Harold Maxwell has returned to Fayetteville and his practice with Dr. Jimmie Pringle.

● Dr. and Mrs. Frankel Grimes are the proud parents of a baby boy who arrived a few months ago. Dr. Grimes is now in practice with Dr. Lawrence Paschal of Fayetteville.

● Dr. Lawrence Cameron who was graduated last June from the University of North Carolina is now in practice with Dr. L. J. Moore of St. Pauls.

● Dr. R. R. Sappington is now in practice with Dr. W. G. Nimocks of Fayetteville.

● Dr. Ben Ward of Chadbourn is expecting to enter the service this fall.

● Dr. R. M. Olive, Sr., attended the reunion of the Class of 1914 at the University of Maryland.

● Dr. Clarence Stone, of Greensboro, has returned to his office after an absence of several months due to illness.

● Greensboro dentists who expect to move into new offices soon are Drs. J. B. Caldwell and C. B. Corey, August first, and J. W. Sigmon, September first.

● Dr. J. B. Brown, Ahoskie, has recently moved into his new office on Highway 13.

● Dr. W. E. Raspberry, former mayor of Grifton, has been elected to the Grifton Town Board of Aldermen.

● Dr. E. G. Boyette, Enfield, recently retired from private practice and is now employed by the State Hospital at Butner.

● The State Mental Hospital in Goldsboro has a new dentist. He is Dr. David Jackson of Clinton and was graduated from Emory this past spring. Assisting Dr. Jackson is an extern from Emory, Bob West, a rising senior.

● Dr. Donald L. Henson, Kinston, attended the postgraduate course, Children's Dentistry II, given at the University of North Carolina in July.

● Dr. Lonnie Dickens has moved from Charlottesville, Virginia to Windsor and has opened an office there.

● Dr. Bill Tucker, Goldsboro, has moved into the new Burser Building.

● Dr. J. R. Carson, Jr., Rocky Mount, recently moved to the First Federal Savings Building.

● Dr. W. H. Gray, Jr., Williamston, has returned to practice after a short illness.

● Wayne County Hospital now has a dentist on call throughout the year.

● Drs. Zealy, Houston, and Tucker of Goldsboro attended the series of postgraduate lectures sponsored by the Fourth District Dental Society.

● Dr. L. E. Ross has moved from Ayden to Greenville.

● Dr. Robert H. Gilbert, Kinston Orthodontist, was married to Miss Patricia Ann Lanier May 31. Their honeymoon was spent at Colorado Springs, Colorado.

● The Lenoir County Dental Society was entertained by Dr. J. Garves Pool for a week end at the Core Bank Rod and Gun Club.

● Dr. Zeno Edwards, Jr., Washington, attended the postgraduate course, Children's Dentistry I, sponsored by the Department of Pedodontics at the University.

● Kinston and Lenoir County lost one of its most beloved citizens when Dr. O. L. Wilson passed away in June. Dr. Wilson had practiced dentistry in North Carolina for over fifty years.

NORTH CAROLINA UNIT AMERICAN SOCIETY OF DENTISTRY FOR CHILDREN ORGANIZED AT PINEHURST MEETING

Sixty-five members of the North Carolina Dental Society expressed an interest in the American Society of Dentistry for Children on May 18, 1954, at Pinehurst.

Twenty members are necessary to form a state unit. Some 32 states have such organizations. To date 57 members have paid their dues, and a charter has been applied for.

Charter members will be those who pay their dues to this new organization before the State Charter is granted by the national organization in Miami, Florida in November.

Officers elected at the first meeting are:

Drs. J. B. Freedland, Charlotte, president; R. A. George, Mount Airy, vice president; W. W. Demeritt, Chapel Hill, secretary-treasurer.

Any member of the North Carolina dental Society who is interested in better dentistry for children is invited to become a charter member by mailing a check for \$7.50 to the Secretary. Five dollars is for 1954-1955 dues to the National Organization. It also includes a subscription to the Journal of the American Society of Dentistry for Children. The remainder is the 1954 dues to the state unit.

NORTH CAROLINA DENTAL SOCIETY'S SPECIAL PLAN OF
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If you have any problems in connection with disability insurance we invite you to call this office collect. We'll do our best to help you—and there is no obligation on your part.

This is the accident and health plan established by the State Society for its members in 1943.

PLANS AVAILABLE

	<i>Accidental Death</i>	<i>Dismemberment Benefits. Up to</i>	<i>Accident and Sickness Benefits</i>	<i>Annual Premium</i>	<i>Semi-Annual Premium</i>
Plan 1	\$5,000.00	\$10,000.00	\$ 50.00 weekly	\$ 90.00	\$45.50
Plan 2	5,000.00	15,000.00	75.00 weekly	131.00	66.00
Plan 3	5,000.00	20,000.00	100.00 weekly (\$433.00 per month)	172.00	86.50

- (a) Members under age 60 may apply for \$10.00 per day extra for hospitalization at premium of only \$20.00 annually, or \$10.00 semi-annually.
- (b) Members under age 60 may also apply for surgical benefits up to \$225.00 per operation, as provided in policy schedule, at a premium of only \$10.00 annually or \$5.00 semi-annually.

For Application, or Further Information, Write or Call

J. L. CRUMPTON, State Mgr.

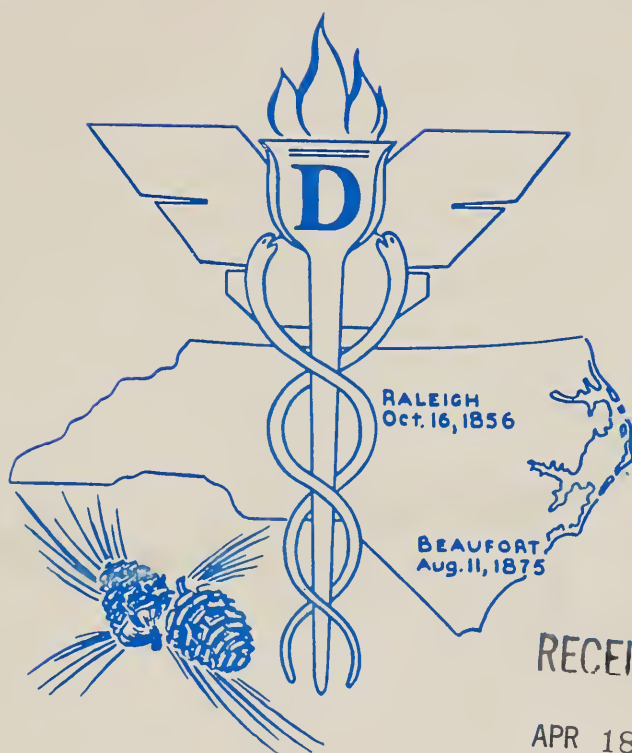
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The
JOURNAL

NORTH CAROLINA DENTAL SOCIETY



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Volume 38

January, 1955

Number 2

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THE JOURNAL of The North Carolina Dental Society

(Component of the American Dental Association)

VOLUME 38 JANUARY, 1955 NUMBER 2

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MARVIN R. EVANS, *Editor*

FRANK G. ATWATER, *Associate Editor*

The closing dates for the Journal are, February 10, July 10, and November 10.
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DR. ADAMS

North Carolina Dentists are privileged
to pay tribute and honor to
Dr. Claude A. Adams, of Durham.

The President's Page

Bernard N. Walker, D.D.S.

National Children's Dental Health Week February 7 - 13, 1955

The American Dental Association has approved the changing of National Children's Dental Health Day to National Children's Dental Health Week. Many dental societies hold that a one week observance is justified due to the months of effort in planning and because other events in the community sometimes make it difficult to observe the nationally designated day.

Many communities throughout North Carolina have observed this National Children's Dental Health Day. Others have made it a week long observance. The North Carolina Dental Society hopes that every local dental society will participate in this program.

Educational concepts today emphasize the importance of utilizing community resources for broadening and enriching the school program. Many agencies, organizations, and individuals have valuable contributions to make to education. Each has a responsibility for doing what it can to improve the community and its educational program.

Dental societies, dental health

committees, and individual dentists have a responsibility in contributing to the health and welfare of children as well as adults, both through making dental care available in their private offices and by giving leadership and consultation to the community health program.

It has been the dental profession, more than any other group, that has evidenced the greatest concern for the dental health status of the people of this state. Considering this, it seems incredible that a few dentists are contributing major blocks to the community dental health program. They should realize that they are a part of a health team and if they wish to continue to participate on the team, they must assume their responsibilities. It behooves us in dentistry to again review the four objectives that dentistry should pursue, namely: 1. Continued Education; 2. Prevention; 3. Correction; and 4. Continued Research Activities.

Dental societies are engaged in dental education activities in varying degrees. Dental educa-

tion can be improved through the cooperative efforts of dentistry and educators. Children, who have a sound foundation in the principles of good dental health, can assume more responsibility for their own dental health. They will develop good oral hygiene habits and seek regular dental care. Dental health throughout life is determined, in part, by the effectiveness of dental health lessons learned during childhood.

Each school and community functions differently and no pattern can be established that fits all. No one knows better than the dentist the tremendous task of keeping the teeth of children in a healthy condition. At the same time, the dental profession knows that there are measures that can be taken by each individual to help in the prevention and control of dental diseases. The success of any one of these measures depends almost wholly on educating the parents and the child.

When anyone mentions education, we think, ordinarily, that it is a responsibility of the school. Perhaps it is, but do we ever stop to think of the tremendous task of the school in trying to provide the child with all the skill, attitudes, and knowledge he will need to become a useful, self-sustaining member of society? Everyone in the community has a share in the education of its children. The grocer, the policeman, the physician, the electrician, the minister, and the dentist, each has a responsibility. All about us, we see examples of how schools have used community resources to provide a more dynamic, meaningful educational program. The dental profession recognizes that it has moral and social responsibilities for extending its influence beyond the rendering of dental services to the patient in the dental chair. The profession has the obligation of providing information that will help people better understand dental health.

Dr. Bernard Walker, president of the North Carolina Dental Society addresses the members of the Fourth District at their meeting in Raleigh. Others shown are Drs. Sam Towler and J. E. Swindell.



From The Secretary's Desk

Ralph Coffey, D.D.S.

I feel that the following letter, which I received from Mr. William J. Fitzgibbon, Manager Carolina Hotel, is of importance to our entire membership. I urge your careful consideration of this letter, and call your attention particularly to items 2, 4, and 5 which affect you as individual members.

A conference with Mr. Fitzgibbon has been arranged. You will be informed if any changes are made in his proposals. The tentative date for mailing reservation blanks for our Annual Meeting is February 1, 1955.

October 15, 1954

Dr. Ralph Coffey,
Secretary-Treasurer
North Carolina Dental Society
Morganton, North Carolina

Dear Dr. Coffey:

In the past, the Carolina has been penalized by having vacant rooms during May conventions and we think it is now time that the hotel should be protected. We are willing to do everything possible to make your meeting a success but, on the other hand, we feel that we should in no way penalize the revenue of the Hotel. Therefore for our May,

1955 meetings, we would like to suggest the following:

1. The Association to be held responsible for a minimum payment of three full days on all official block reservations for rooms not taken by 5:00 p. m. on the day scheduled for arrival—in your case this would be Sunday, May 15.
2. All those staying in the Headquarters hotel (the Carolina) should be compelled to pay for the complete period of the convention — emergencies and sickness excepted.
3. All programs for conventions to be presented to us before they go to the printer.
4. No evening meal to be scheduled before 6:30 p.m.
5. We feel that the 10% for gratuities that has been added in the past, is not ample to take care of our employees, especially the bellboys and we feel that we should add 15% this year for gratuities.

I should be glad to hear from you at your convenience.

Cordially yours,

William J. Fitzgibbon
Manager

Central Office Is Recommendation Of The Executive Committee

For some time now it has been the opinion of many of our members that the North Carolina Dental Society has grown to be big business. A business that has grown to such proportions that it cannot continue to depend on the willingness and generosity of its volunteer workers who have had to sacrifice not only their personal emotions, time with family and friends, but have actually made financial sacrifices that would alarm most of you if you knew the amount given gladly and eagerly for the cause of Organized Dentistry.

Many previous leaders of our society have suggested the need for an executive secretary, but it was not until last year's Pinehurst meeting that definite steps were taken in this direction. President Neal Sheffield recommended that a corresponding secretary be hired to relieve some of the load, and following the adoption of this recommendation a special committee was appointed to study the needs of the Society.

The special committee spent many hours in analyzing the problem, making trips and asking for information from every known reliable source. The results were compiled and presented to the Executive Committee in Asheville, Sunday, September 19.

In order to have an informed membership the Executive Committee of the North Carolina Dental Society requested that the entire minutes of the meeting with the report of the special committee attached be printed in this issue. Please read this report with an open mind and think of the many advantages that would accrue from such a progressive step.

Dentistry in North Carolina has achieved an enviable record. We must not relax now and rest on our laurels, or allow our leaders to become so bogged down with the impedimenta of organization that the broader vision is obscured.

The Editor

Minutes of the Meeting of
The Executive Committee
NORTH CAROLINA DENTAL SOCIETY

Sunday, September 19, 1954

The meeting was called to order at 3:00 p. m. by the Chairman, Dr. Olin W. Owen. Those present were: Drs. Owen, C. C. Poindexter, I. R. Self, B. N. Walker, H. W. Thompson, J. W. Branham, Ralph Coffey, E. A. Pearson, and M. R. Evans.

The minutes of the last meeting were read and the following correction made, "The question of visitors being allowed to attend both the general business and also the House of Delegates was discussed by the committee. Dr. C. C. Poindexter moved that all Business and House of Delegates meetings shall be closed to all persons other than members of the North Carolina Dental Society, and that pages be placed at the doors to carry out this rule. This was seconded by Dr. I. R. Self and passed."

Dr. Owen asked for the report of the appointed committee named to study the plan for a Central Office and the employment of an Executive Secretary. The report, recommendations, and proposed budget (see below) was read by the Secretary, Ralph Coffey. The report was discussed and on motion by Dr. J. W. Branham and second by Dr. C. C. Poindexter the report and recommendations were approved by the unanimous vote of the Executive Committee.

Dr. C. C. Poindexter moved that the report, recommendations, and budget proposals, and also the action of the Executive Committee be made available to each district society, the District Officers Conference, and be published in the January issue of the JOURNAL. This motion was seconded by Dr. I. R. Self and was passed.

Dr. Marvin Evans presented a special report (see below) relative to our publications. Dr. B. N. Walker commended Dr. Evans for this report and moved that it be adopted and that the report be printed in the January issue. This motion was seconded by Dr. Coffey and passed.

Dr. Walker moved that the Editor-Publisher publish the names and addresses of all paid members in the Convention issue of the Journal. This motion was seconded by Ralph Coffey and was passed.

Dr. Branham discussed the appointment of an Associate Editor-Publisher to work with Dr. Evans. Dr. Owen appointed the following committee to report at the next meeting of the Executive Committee relative to this matter: Dr. J. W. Branham, Chairman, M. R. Evans, and H. K. Thompson.

Dr. Poindexter moved that any companies of questionable nature which are, in the opinion of the Chairman of the Exhibits Committee, in conflict with the views of the North Carolina Dental Society be excluded from the list of exhibitors at the 1955 Annual meeting. Dr. Self seconded this motion and it was passed unanimously.

Dr. Owen made the following announcements: The next regular meeting of the Executive Committee would be held Monday night October 25 in Raleigh. The tentative date for the District Officers Conference would be November 20-21 in Greensboro.

On the motion of J. W. Branham and second by Ralph Coffey the meeting was adjourned.

Respectfully submitted,
Ralph Coffey, Secretary-Treasurer

APPOINTED COMMITTEE REPORT ON CENTRAL OFFICE AND EXECUTIVE SECRETARY

The Special Committee, appointed by the Chairman of the Executive Committee to determine the feasibility of the establishment of a Central Office and the employment of an Executive Secretary, submits the following report and recommendations.

A study of the past recommendations made by the presidents and special committee in all instances show and report that such a change in our organization would be beneficial to our membership. We find also in these reports that to establish such a program the one factor is that an increase of dues would be necessary.

The committee has studied the recommendation of Dr. Neal Sheffield which was proposed and accepted last May. This provided for a paid corresponding secretary. The following analysis in our opinion would make this plan undesirable in view of the study and investigation we have made.

The analysis of our Society which we bring to your attention in this report is in no way any reflection on any past administration or committee. We do this with the feeling that as leaders in our Society we are duty bound to present the facts, if by doing so we can better serve our Society and the public. Our study has been in cooperation with the Legal Council of the American Dental Association and therefore we cite other changes which are found to be not in harmony with the ADA.

The North Carolina Dental Society ranks 20th in membership of all constituent societies. Seventeen societies have a larger membership 1100-10,242. We are the third largest Southern state trailing Tennessee and Florida by less than 100 members. We find that 35 states have dues of over \$11, 6 states have dues of \$10. There are 14 societies having dues of less than \$10. Seventeen states or constituent societies have an executive secretary with a central office. A break-down on the category reveals that 11 of the states have a membership of 882 or over. There are 5 societies employing an executive secretary with total membership under 882. Thirteen of the states have dues from \$10 to \$42. Three states having this program collect dues as follows:

Florida	\$8.50	993 Members
Missouri	9.00	1643 Members
Pennsylvania	10.00	4630 Members

We wish to call to your attention in this report that we in North Carolina operate under our system whereby we carry State Life Members, ADA Life Members and Military Service Members with no revenue at all.

We do not propose a change. We concur and urge that this practice be continued. We do call to your attention the fact that 22% of our member-

ship does not pay dues. Our study reveals that at the time the American Dental Association made a change in their requirements for Life Membership we had no such provision. We still recognize our members on the state level and, of course, we abide by the ADA requirements. We also find that in addition to those states which do not have State Life Memberships also have revenues from State appropriated funds to the society and in addition carry advertisements in all publications and hand programs. A study of the Tennessee State Dental Association shows funds of approximately \$6000 are provided in this manner.

A brief picture of our organization reveals the following. The records of the Society are held in various places. The records of the Secretary-Treasurer are not kept in a fire-proof place. Records dated prior to 1927 are not available to the officers, therefore, certification of members to the ADA is processed on word of the applicant and not by records. The authorization of our new card index bookkeeping system cannot be instituted because of the lack of space. Correspondence is being inadequately handled from the yearly change of committee members. We feel that a central office would coordinate the work of the Secretary-Treasurer, Editor-Publisher, and the Standing Committees.

We also find that additional revenue would provide other changes which are in keeping with other states and ADA recommendations. We feel that our delegates to the ADA should be paid travel expenses, plus \$10 per day. Committee Chairmen carrying on the work in cooperation with the various Councils of the ADA should attend conferences in Chicago or national meetings. These expenses should be paid by our Society. We do not feel that any office should be abolished or appointments be taken away from the Executive Committee. We do feel that by the officers directing an Executive Secretary in his work we could render a better service.

Last year the officers and committees mailed approximately 8000 items. A society of 882 should have mailed from a central office 32,000 items to be assured of an informed membership. In addition to regular duties we foresee the following additional services that would be available to our membership with an Executive Secretary.

1. Monthly News Letter.
2. Edit clipping newspaper service.
3. Better public relations with PTA, civic groups, and allied professional groups.
4. Conduct annual workshop for officers and committee chairmen.
5. To provide continuous contact with advertisers and exhibitors.

We submit in this report a budget proposal on our findings. We also call to your attention certain requirements that will insure and protect our financial standing.

In conclusion we recognize the fact that in the event this plan is put into operation many changes will, of necessity, have to be made. Namely, realignment of the duties of the Editor-Publisher, Secretary-Treasurer and many committees. An increase of dues must be considered. A city for the Central Office must be selected, and personnel chosen.

We of the Special Committee are the first to recognize the complete reorganization and change this will bring in our Society but in an evaluation

of the states which have this program we found a healthy growth and a well informed membership. We recognize the hardships that are now being carried by those in charge and that eventually the membership as a whole will demand this program.

Your Special Committee makes the following recommendations. First, that the dues of the North Carolina Dental Society be increased from \$10 to \$32. Second, that a program based on this report be studied and implemented with definite safeguards provided for all financial and operative procedures.

Respectfully submitted,

B. N. Walker, M. R. Evans, Ralph Coffey

PROPOSED BUDGET 1956 GENERAL FUND

Estimated Income

Dues

750 Regular members—@ \$32.00	\$24,000.00
(Increase of \$22.00)	
142 State Life Members	
12 ADA Life Members	
36 Military Service Members	

Exhibits

45 @ \$75.00	3,500.00
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Total	\$27,500.00
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ESTIMATED EXPENSES APPROPRIATIONS

Sinking Fund General 5%—Gross	\$ 1,375.00
Relief Fund	500.00

(This amount to be appropriated annually until a three year reserve is accumulated in both funds.)

Committees

All committees that work with the different ADA Councils, special committees of our Society, District Officers' Conferences, Workshop for officers and committee chairmen and Centennial celebration

2,500.00

Salaries

Secretary-Treasurer	250.00
District Secretaries	125.00
ADA Delegates	1,000.00

Annual Meeting	5,000.00
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(This estimate based on the cost of previous meetings.)

Central Office

Rent	\$1,300.00
Supplies, printing, stationery, News Letter	1,200.00
Postage	500.00
Telephone, Telegraph, lights	500.00
Travel (Executive Secretary)	1,000.00
Salary (Executive Secretary)	6,000.00
Salary — Secretary	3,000.00
S. S. Taxes	140.00

\$13,640.00

Capital Outlay for Central Office

On Hand

Electric Addressograph

Camera

Typewriter-Jumbo

Equipment to Be Bought

Bookkeeping System\$800.00

(This has been authorized.)

2 Typewriters 267.00

1 Adding Machine 118.00

2 Desks 293.00

2 Chairs for desks 127.50

1 Safe 157.50

4 Fireproof filing cabinets 894.00

1 Mimeograph machine 63.00

1 Conference table and chairs 300.00

Miscellaneous supplies 90.00 \$ 3,110.00

Total\$27,500.00

ESTIMATED INCOME AND EXPENDITURES NORTH CAROLINA DENTAL SOCIETY PUBLICATIONS

Income

Advertising Fees\$3,900.00

Subscriptions 25.00

\$3,925.00

Expenditures

Printing: 4 issues and hand programs\$3,245.00

Photo Supplies 100.00

Telephone and Telegraph 100.00

Postage and Second Class Deposit 50.00

Stencils 25.00

Binding 15.00

ADA Dues 10.00

\$3,545.00

Estimated Gross Profit\$ 380.00

Honorarium Editor-Publisher 200.00

Estimated net profit\$ 180.00

REGARDING CAPITAL EXPENDITURES

In future years the amount appropriated for capital outlay could be used as follows:

1. Public Relations
2. Dental Education of the Public
3. Student Loan
4. Workshops
5. Seminars
6. Buy or erect building for Central Office
7. History
8. Financial aid to the North Carolina Dental Auxiliary

Change in Proceedings Format Requested

EDITOR'S REPORT TO THE EXECUTIVE COMMITTEE

Your Editor-Publisher has considered seriously the feasibility of changing the custom, followed in previous years, of printing a verbatim report of the proceedings of the annual meeting of the North Carolina Dental Society.

My study and observations of other publications as well as contact with other members of the American Association of Dental Editors has convinced me that a change is long overdue.

It is my considered opinion that the *Proceedings* format is obsolete and cumbersome and is not up to the progressive standards to be found in other areas of the North Carolina Dental Society's activities. A revision undoubtedly would point the way for further accomplishments.

Since there is always the original and two duplicate copies of the verbatim report of the proceedings available for reference it is my opinion that no other copies are necessary for a permanent record.

The revised published *Proceedings* would reflect more credit to the North Carolina Dental Society and to the profession of dentistry. Therefore, I would respectfully submit for your consideration the possibility of a revision of the published *Proceedings* whereby the contents would be as follows:

Dedicatory page

President's Address

Report on President's Address

Obituaries

Committee Reports

Standing—Special

Report of the State Board of Dental Examiners

Auditor's Report

Financial Statement of the Editor-Publisher

Minutes of the Executive Committee Meetings

Eulogy of Guest of Honor at Annual Banquet

List of Essayists and Clinicians

Editorially acceptable scientific papers

Other items of special significance

Appendices:

Directory of new officers and committees elected and appointed at the annual meeting.

List of the attendance record of members of the House of Delegates.

This report will bring to your attention some of the matters that I believe should be given consideration either by action at this time or by study leading to action in the near future.

Signed: M. R. Evans

Reports from the District Presidents

FIRST DISTRICT

Pearce Roberts, Jr., D.D.S., Asheville, North Carolina

During the past six years I have had the honor of serving you and have been fortunate during these years to follow the advance of organized dentistry. As individuals we often lose sight of the progress made by our district, state and national organizations and we fail to realize what each means to us as an individual and as a member of the profession. The following is not an address, preferably a report for our members to acquaint themselves and our new members to know what our organizations are doing for us and our profession. It is often easy to sit aside, pay our organizational dues and reap our profits without realizing that someone is responsible for our well being in such a satisfying profession as we have chosen. May we all endeavor in the future to not only be better professional people but to assist in the further progress of our profession as a health group.

It is of course impossible during this time to completely list the committees, members and activities of all groups that work so earnestly in our behalf, so the following are a few of the major actions that have been performed for us through Organized Dentistry.

During final actions before Congress adjourned self-employed dentists were excluded from coverage under the Old Age and Survivors Insurance Program. Leaders of an attempt to remove dentists from the exemption list were opposed by Senate Finance Committee members who observed that those leaders reflected the views of relatively few dentists and dental groups. The committee had acted upon recommendations of the body which represents the profession nationally, the American Dental Association. In brief, it was the opinion of our delegates to the American Dental Association that professional persons are self-employed and self-determining and are not limited by economic considerations which compel retirement at age 65 as in general industrial employment.

The Weir Bill (H.R. 234) to prohibit fluoridation of public water supplies throughout the United States was defeated emphasizing again the continued work of our fluoridation groups with correct scientific data. Incidentally, Osawatomie, Kansas just became the 1000th community in the United States to report the start of a fluoridation program.

Through the influence of our representative groups a Selective Service Draft was set up. Priority groups were established trying to arrange an equality for service by our professional men. We have also been able to maintain for our Dental Corps officers their increase in salary.

Never before have we been offered such wide coverage at such low premiums as are now available in our State Health and Accident Group Insurance, National Health and Accident Group, and National Life Insurance policies. At this writing only 600 additional applicants for the Association's insurance are needed to meet the national

quota. If this quota is reached it will be possible to extend insurance protection on a national basis to dentists with poor medical histories.

Our dental schools are now required to meet certain standards in order to be accredited with the national organization's program. By establishing these standards our professional schooling ranks highest in the world thereby graduating better qualified men each year into our profession.

Among other activities of interest have been the cooperation with labor organizations to promote better health programs; obtaining Federal funds for the

Gathered around for serious discussion at the First District meeting are Drs. Clyde Minges, past president of the American Dental Association; Irwin Hyatt and J. H. Sherard, both of Emory, and standing, Sam Isenhower, president-elect and C. Z. Candler of Asheville.



advancement of dental research; preparing plans for a part in wartime health care; and the request for larger deductions of dental expenditures from Federal income tax.

Our dental school at Chapel Hill continues to progress offering more each year to all of us. Not only was this year the year of the first graduating class but a year when the school has offered each member of our Society a chance to enroll in a graduate course or postgraduate course, to have his dental assistant enroll in their extension course. They have continued to supply all of our group with essayists. As our school progresses may we progress with it and avail ourselves of the opportunities presented.

Last year it was decided that flowers would not be sent in case of sickness or death of a member but that a contribution would be sent to the Dental Foundation of North Carolina in the name of the member. This can be hastened by dropping a card to the District secretary-treasurer when the gesture is necessary.

We are happy to have our members back who have been in the Armed Forces. To those who are now entering their tour of duty we wish a speedy return. Without new members we could not grow, we are sincerely glad to have you as one of us and I hope you feel as I that you gain from an organization as much as you are willing to give!

SECOND DISTRICT

Z. Vance Kendrick, D.D.S., Charlotte, North Carolina

Some thirty-four years ago this organization began as a spontaneous desire on the part of the professional men to broaden their knowledge of developments in dentistry and to uphold the basic philosophy of ethical standards.

Times have changed drastically since then. We are now living in an age of unprecedented tension when the truths we have

always considered "self-evident" to reappraise ourselves and our organization from time to time and adapt ourselves to change. But this has been a refining process and always we have come forward with valid principles reaffirmed.

These are the values that do not change: We know that (1) orienting our practice to facilitate the maximum good to all



Dr. Z. Vance Kendrick presides at the meeting of the Second District Dental Society at Charlotte.

are being questioned. We have patients both rich and poor, (2) maintaining our professional integrity as individuals and as a group, and (3) keeping abreast with the exciting new discoveries and applying them to our field are fundamental goals. We know that these are values which, if firmly upheld, will not be threatened by socialization, Communism, or any other force which tends toward professional mediocrity. When the public realizes that we are secure in our ideals, they will look to dentistry and the other professions for leadership rather than attempting to devise legal means to use us as a tool.

In recent months, certain areas in our district have been faced with problems which may be detrimental to the public good. Without our present professional and organizational standards these threats could

not be met. At present there is an active and unscrupulous group which, to use a Biblical phrase, "darkens counsel by words without knowledge." This group would assume our prerogatives of dental medication, preventive measures and health care. We must arm ourselves to meet such attacks on a dignified and scientific plane. To this end, I recommend the abolition of the Dental Relief Committee, since its function has been taken over at the state level. A new Committee for Public Education should be formed to replace it. This committee should provide for the education of the laity as well as the profession on matters of common interest. This information can be disseminated through present information channels, organized groups such as P.T.A., civic clubs, etc., as well as through brochures and pamphlets directly from the Committee whenever desirable.

In this vein, I recommend that we now reaffirm our position of encouraging and furthering the fluoridation of communal water supplies until such time as this preventive measure is proven ineffectual.

I recommend further that this society adopt the changes in the Constitution and By-Laws as presented by the Committee on Constitution and By-Laws.

Lastly, I recommend the serious consideration of employing an Executive Secretary for the North Carolina State Dental Society, and if this recommendation is affirmed, that our members of the House of Delegates be instructed to work for and vote for such a measure at the earliest opportunity.



New officers of the Third District Dental Society. Drs. Guy Willis, Durham, president-elect; Sam Shaffer, Greensboro, president; H. A. Karesh, Greensboro, vice-president; and W. T. Burns, Chapel Hill, secretary-treasurer.

THIRD DISTRICT

George F. Kirkland, D.D.S., Durham, North Carolina

There are three issues I would like to discuss in this address. One, Old Age Survivors Insurance for dentists; two, the need for an Executive Secretary for our state dental society; three, the need for a unanimity of opinion about fluoridation.

Now to get back to Old Age Survivors Insurance for dentists. A bill which was to include dentists in a Federal insurance program has just been defeated. However, for quite a while we were very close to being included in this program and if the trend remains the same there is every indication that this sort of legislation will be proposed again. Now if we are to have any control over the destiny of our profession I think it is high time we learned more about the

Federal Old Age Survivors Insurance program. On the surface such a program seems like an ideal set-up for one planning retirement, but before we dream too much about the day when we can quit working and live off the government, let's find out how much we will have to put up to become a recipient of Social Security.

To begin with we will be compelled under the present law to pay twice as much as the wage earner or salaried employee. Also if the Federal Old Age Insurance program is made to include our profession, compulsory participation is required by every member. No one can withdraw. Neither can future generations who will have had no voice in making the law.

At the present time we would be required to pay 4% on the first \$3600 of our income or \$144 a year. This is only the beginning because the tax is set up on a graduated scale so that by 1970 the percentage will have risen to 4 $\frac{7}{8}$ %, also under the present recommendations the base salary would be raised from \$3600 to \$4200. This would mean that a participant on the average would pay over \$175 each year as additional tax. Over a period of 40 years this would amount to over \$7000. When to this is added a compound interest of a conservative 3%, it would amount to a total in excess of \$13,000. This is what Social Security would cost in dollars and cents, plus taking away the freedom of being able to invest our own money.

Now, let's find out what the payoff would be. First we would have to be 65 before we could qualify for the insurance. Another qualification is that the recipient could not earn more than \$75 a month from any employment. Then at age 65 we would only receive \$85 a month for life. Your wife would have to meet the same qualifications to receive \$42 a month. Jointly you would only receive \$120 a month or \$1440 annually. This would mean that both you and your wife would have to live to age 74 to get back the \$13,000 or more it had cost. If the insured should die before his 65th birthday, his estate would receive no part of what he had paid as a participant except \$225 at death. If the wife predeceased the husband after age 65 he would still receive only \$85 a month. On the other hand if the husband predeceased his wife after age 65

she would receive only \$63 a month provided she is over 65. What it boils down to is this. The government is taking away from us in the form of a tax another \$175.50 a year. In return for this if we live long enough (age 65) and are willing to stop practicing, we would receive \$85 a month or \$120 a month if our wives are living and are over age 65.

Now it does not seem logical that any of us are going to want to give up a practice which will net over \$5000 a year even working part time to qualify for a mere \$120 a month Social Security, so to most of us it means that in an average lifetime we have just donated an extra \$7000 to the government. It is my opinion that we would be much better off if we left Old Age Survivors Insurance alone and made our own plans for the future. Take this money that would go to the government, save it and invest it and plan for semi-retirement.

So even though at the present time it seems that such legislation will not be enacted, we should be better prepared in the future to meet such a crisis. I would like to go on record as being opposed to the profession of Dentistry being included in the Federal Old Age Insurance program and I think the wishes of this group should be recorded for future reference when and if this issue should arise again.

Another problem which confronts our Society at this time is the need for an Executive Secretary to serve the North Carolina Dental Society. Our organization has grown so large and the duties of the Secretary-Treasurer and Editor have

reached such proportions that a hired secretary with a central office has become a necessity. Very few men can give the necessary time to handle these jobs and handle them well. So I am recommending that we raise our state dues to a level where we can hire an Executive Secretary.

I really did not intend to bring up the question of fluoridation. I thought enough had been said. Recently, however, in a neighboring city the question has blossomed anew. Greensboro happened to be one of the cities which had fluoridated its water supply. However, a very vigorous campaign by the opponents of fluoridation which included several dentists and medics led to the city council voting to

eliminate sodium fluoride from the water supply. This is still a red hot issue. With all the research that has been conducted, and data available presenting unquestionable proof of the beneficial effects of the fluoride compound in drinking water it is hard to see how any group opposing fluoridation could present such a strong argument and sway city officials to decide with them. But it has been done and if something isn't done to stop it, it may set a trend for the future. The very fact that we dentists disagree on the issue has the public confused and rightly so. We must get a unanimity of opinion among ourselves before we can expect the general public to follow suit!

FOURTH DISTRICT

S. B. Towler, D.D.S., Raleigh, North Carolina

Since we last met, another notch has been cut in dental history. For the first time in the life of our state a class in dentistry has been graduated. If my memory serves me right the ambition of many dentists for many years has been that we might have a dental school in this state.

Soon after the first dental school was established in Bainbridge, Ohio, by Dr. John Harris and his brother, Chapin—and you will recall that, while this school was primarily a medical school, most of the students elected to follow dentistry—the Baltimore College of Dental Surgery was founded. Other schools

of dentistry followed one after the other. It was a glorious day for dentistry in North Carolina when the first class was graduated. I am sure it will afford those who were fortunate enough to be members of that class a great deal of satisfaction in later years to have this distinction.

Dentistry has made rapid strides in the last few years. Its progress in North Carolina has been wonderful. I am persuaded, yes, convinced, that some of these accomplishments and forward movements are due to the high ethical standards which dentistry in our state has insisted upon. The unusual integ-



Apparently it isn't all work. Drs. Towler, Swindell and Woodall seem to be enjoying the business session of the Fourth District meeting.

rity of the membership as a whole, their appreciation and love for their fellow men, the mutual respect and friendship existing among the dentists, and the cordial relationship between the medical and dental professions have all contributed to the present status of the profession.

Another thing for which I feel we should be grateful is that we have had in this state a dental public health program which has succeeded in no small way in making our children and mothers-to-be conscious of the importance of dental health and, therefore, more appreciative of the values of good dentistry. It might be enlightening to some of us to realize just how large a budget the Division of Oral Hygiene of our State Board of Health spends each year in this

educational endeavor—approximately \$125,000. This expenditure and effort, as you know, is in the name and cause of public health but, after all is said and done, we, the practitioners of the state, are among the beneficiaries. In the long run, dentistry will profit more from a program directed toward motivating people to accept personal responsibility for their own and their children's dental health than from one in which people are encouraged to depend on public funds to relieve them of such a responsibility. For this reason alone, if for no other, I believe we should do everything possible to encourage our established and tested program and to lend our aid in the securing of an adequate staff for this work.

Many of you have heard the

question, pro and con, as to the advisability of employing a full-time executive secretary for the North Carolina Dental Society. My purpose in mentioning it at this time is to suggest that each of us give this matter consideration.

There may be a possibility of getting our dues too high, and, of course, employing a full-time secretary will mean that dues must be increased. We must guard against dues becoming so steep that they will keep any one from joining the Society. However, it is necessary to use our best judgment in such an important matter. The North Carolina Dental Society is, without question, big business. By indulging in a little mental arithmetic—you know the dues and there are approximately 1,000 dentists eligible for membership—you will arrive at a sizeable amount of money. Long time planning is absolutely necessary, and I can see that keeping some one on the job who is acquainted with past history, present conditions, trends, and future possibilities could really be an economy measure.

The dental health matter which is in the limelight is fluoridation. This has attracted the

attention of the lay public to a greater extent, perhaps, than has any other single public health measure. We are all familiar with much of the past history, the painstaking research, and the successful experiments which have led to widespread endorsement of this preventive measure by leading scientific bodies. Personally, I look with favor on this plan for the prevention of tooth decay by the restoration of an important nutritional element to our water. We are all deeply concerned with the widespread prevalence of dental caries and welcome each and every contribution to the solution of this problem. I agree with many other dentists that the fluoridation of public water supplies is a great forward step in dental health.

I believe that one of the best ways to help bring about acceptance of fluoridation is for each of us first of all to be up on the subject and to be able to discuss it intelligently and, then, to make a point of stressing the values of fluoridated water to the patient in the chair. I do not mean that we should talk it all the time to every patient, but we can talk it more of the time to selected patients.

Announcements—

The District of Columbia Dental Society. Annual Postgraduate Clinic. March 13-16, 1955. Shoreham Hotel, Washington, D. C.

* * *

The Ninety-Ninth Anniversary meeting of the North Carolina Dental Society. May 15-18,

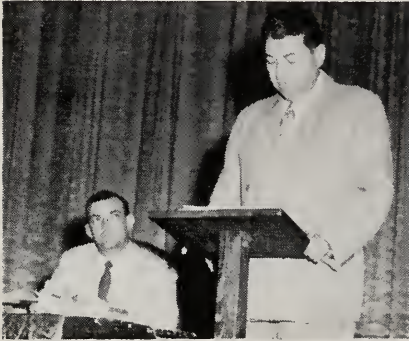
1955. Carolina Hotel, Pinehurst, North Carolina. Write Dr. Ralph Coffey, Secretary, Kibler Building, Morganton, North Carolina.

* * *

The Thomas P. Hinman Mid-Winter Clinic. March 20-23, 1955. Municipal Auditorium, Atlanta, Georgia.

FIFTH DISTRICT

Coyte R. Minges, Rocky Mount, North Carolina



Dr. Coyte Minges delivers his Presidential Address at New Bern. Dr. M. M. Lilley listens intently.

It was a pleasure to serve as your President this past year. Every one has been most cooperative. I want to thank Charles Cook and his Program Committee, Henry Zaytoun and his Clinic Committee. Our secretary, M. M. Lilley did his usual fine job. A "special" thanks to C. B. Johnson and his local committee. The New Bern dentists really went all out. I believe this is the best arranged District Meeting that I have ever attended. The fellows went to a lot of trouble and expense—and it really paid off.

Have any of you taken one of the postgraduate courses offered at the University? I have talked with several dentists who have. They praised these courses to the sky, as being most helpful. It's something you can bring back to your office. I would like to commend Dean Brauer, and urge each of you to take advantage of these fine courses.

Congress recently excluded dentists from the Old Age and Survivors Insurance provisions of the Federal Social Security Act. This issue will be up for discussion at the Miami meeting. Members with strong opinions on this subject should convey these to the Delegates to the American Dental Association. The Association wants and needs your help for a sound policy for the future.

For several years, there has been some talk about raising our district dues. The dues are \$2.00 a year. The lowest in the State. We have around 165 members and out of that number, only about 110 pay District dues. The others are exempt because they are State or ADA Life Members, or in the Service. So that leaves us only about \$220 to run the Fifth District for a year, and to put on our yearly meeting. With stationery, stamps (each member is written at least three times each year), hotel rooms and expenses for our special guests, the clinician's expenses, etc., you can see that it is pretty rough. A big point I would like to bring out here is that we are getting too expensive for our host town's dentists to be able to have our meeting. I think that the District should pay at least part of the local expenses. My suggestion would be to raise our dues and help out the local dentists, and too, we could pay our clinicians in line with the other districts. It is up to you.



Shown from left to right are: Drs. W. L. Hammond, New Bern, editor; C. B. Johnson, New Bern, secretary-treasurer; C. P. Godwin, Rocky Mount, vice-president; M. M. Lilley, Scotland Neck, president-elect; and Z. M. Zealy, Goldsboro, president—Fifth District Dental Society officers for 1954-1955.

Dental Assistants Correspondence Course at University of North Carolina Approved—

The Chairman of the Educational Committee of the American Dental Assistants Association notified Dean J. C. Brauer that the Correspondence Course developed by the University of North Carolina and the Dental Assistants Committee of the North Carolina Dental Society had been approved by the American Dental Assistants Association. This means that the course material now can be completed through correspondence,

whereby the laboratory work is done in the local dental office. Following the completion of the course, and with other requirements satisfied (work in dental office, etc.), the assistant will be eligible to take the examination for certification given by the American Dental Assistants Association.

Information may be received by writing Extension Division, Correspondence Bureau, University of North Carolina, Chapel Hill.

Why don't we see more fixed bridgework?

R. W. Keller, Assistant Professor of Crown and Bridge Prosthodontics, University of North Carolina

It was due largely to the work of Forest H. Orton, in 1919, that fixed bridgework was given a new birth as it were in dentistry. It was he who was among the first to show, that by proper attention to occlusion and anatomic form in the construction of this type of prosthesis, much of the "Oral Sepsis" decried by William Hunter could be eliminated. Prodigious strides have been made in the field of fixed bridgework from that time till the present. It is true that these gains were mostly in excellence of technique and mechanical details. There has been some progress in the intergradation of the biological and the mechanical; much more work in this direction is still needed.

Fixed bridgework has for sometime now had a definite place in the curriculum of our dental schools. There is no evidence to the contrary that it will not be maintained in the curriculum in the years to come. Volumes have been written on the subject and no doubt many more volumes will be forthcoming in the future. At various dental meetings, techniques and theories are discussed at great length by outstanding clinicians. You see reams of paper, filled with notes made by the dentists

attending these meetings. Manufacturers outdo themselves in the race to fabricate materials that will enhance the beauty and function of fixed bridgework. In spite of all the activity surrounding this field of endeavor, fixed bridgework does not occupy its rightful place in the services rendered by a large majority of our practicing dentists. I don't believe anyone will argue the point, that there are more cases where some type of fixed restoration is not done, as against those cases where the service is indicated and performed. In view of the progress in this area, why should this situation exist?

To try and answer this question let us look first to our dental schools. Our schools, in recent years, have not been negligent in their teaching in this field. Some schools emphasize this area more than others, but by and large the graduate is sufficiently trained. He is capable of handling the average cases with passable skill.

Let us consider now the practice of dentistry outside the schools. From the training he has received, there can be no doubt that the practitioner is convinced that there are definite indications where only a fixed

type of service will be satisfactory for the patient. It is agreed that he possesses the necessary skill to handle the average cases. There is one factor we might consider here. Perhaps because he has not rendered this type of service, where indicated in a large majority of cases, he may possibly no longer possess the skill to perform an adequate service of this nature.

We must now consider the patient in our search for our answer. Our patients have received much too much blame for the status quo of fixed bridge-work. The oft repeated phrase, "they won't pay for this type of service," rings constantly in our ears. So often and so vehemently has this been stated, that many a young man starting his practice takes it as gospel truth. He thinks he can do nothing about it, therefore, he never tries. There is only one reason why patients won't pay for a service; they are not convinced of its need or value, and we of the profession are responsible for this attitude.

For our last consideration we return to the dentist. This time to examine the materialistic philosophy, which seems to be everywhere present, in our world today. It is this type of thinking, governing our actions, which more than any other factor gives us the answer to our

question. We are as a profession too often guilty of following the line of least resistance in our effort to attain the happiness we believe comes from material gains. A concrete example of what I mean can be seen in the many instances where removable prosthesis is present; in cases where fixed bridgework is definitely the indicated treatment. It is true that our character and thinking tends to be influenced by the times in which we live; and we are living in a materialistic age. That is all the more reason why, in this time of talk of socializing the healing arts, that we of the dental profession must guard against this materialistic trend, which tends to enter into our patient relationships.

Over the years, since 1919, we have as a profession made great strides in attaining a high degree of technical skill. I believe, however, that during this same period, we have to some degree lost that spirit of idealism which those who have gone before possessed. The solution to the problem lies in a rekindling in all who are associated with the profession, this spirit of idealism. Without this type of thinking to guide our actions in our patient relationships, all our technical advancement has been wasted effort for a lost cause.

News Items

New officers of the First District Dental Society are: president, Sam Isenhower, Newton; president-elect C. C. Diercks, Morganton; vice-president, W. H. Parker, Valdese; secretary-treasurer, C. Z. Candler, Asheville; and John L. Yelton, Shelby, editor.

Dr. L. Franklin Bumgardner of Charlotte and former editor of the North Carolina Dental Society was re-elected secretary-treasurer of the American Association of Dental Editors at their annual meeting in Miami.

Dr. Marvin E. Chapin of the School of Dentistry, Chapel Hill, has been reappointed national consultant in oral surgery to the office of the Surgeon General of the United States Air Force. The job entails visits to various Air Force installations in the United States and overseas.

Dr. Nash Underwood of Wake Forest is moving to Durham and will specialize in Pedodontics.

Dr. Glen Bitler is much better after being stricken with Polio in the early fall. He is treating a few patients and spends some time teaching at the dental school. One thing that has probably hastened Glen's recovery is the arrival of a new baby in the family. A little brother for the Bitler's daughter, Barbara.

Dr. Joe Evans of Henderson is expected to return from military service around the first of the year.

Dr. Worth Byrd is now back in Sanford specializing in the prac-

tice of Orthodontics. Dr. Byrd received his Orthodontic training at the University of North Carolina.

Dr. Sam Massey has returned from a tour of duty in Europe and is now back in Warrenton.

Dr. and Mrs. J. F. Pearce of Raleigh announce the birth of a daughter.

Dr. Frank Atwater of Greensboro has been chosen by the Executive Committee as Associate Editor of the North Carolina Dental Society.

The stork seems to have made more than his quota of trips to Chapel Hill recently. Among the proud and happy parents are Dr. and Mrs. J. Wilfred Gallagher, a son; Dr. and Mrs. Jack Shankle, a little girl; Dr. and Mrs. C. L. Sockwell, a little girl; Dr. and Mrs. W. T. Burns, a son; Dr. and Mrs. T. A. Blum, a little girl; and Dr. and Mrs. Tom Darden, a little girl.

The second annual District Officers' Conference was held in Greensboro November 20-21, 1954. The Officers' group was entertained by a number of the Greensboro dentists at Dr. Neal Sheffield's cabin Saturday night.

At the Sunday business meeting Dr. Clinton Diercks, Morganton, was elected president and Dr. Riley Spoon, Winston-Salem, secretary-treasurer. The principal speaker was Mr. John H. Shumaker, Jr., executive secretary for the Tennessee State Dental Association who presented an interesting summary of his activities in the "central office" at Nashville.



Presentation of the Blanche C. Downie Memorial Fund to the Dental Foundation and the University of North Carolina October 3, 1954. Left to right: Mrs. H. O. Leneberger, Chairman, North Carolina Dental Auxiliary Dental Foundation Committee; Miss Emma Mills, President, North Carolina Dental Hygienists' Association; and Dr. John C. Brauer, Dean, School of Dentistry, University of North Carolina.

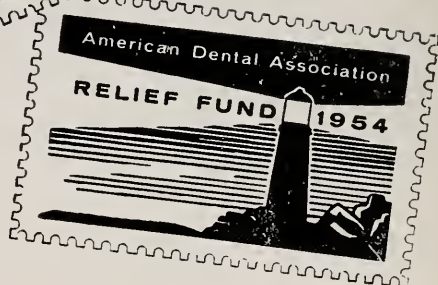
Memorial Fund Established

The dental hygienists of North Carolina in a meeting held at the University of North Carolina, Chapel Hill, Sunday, October 3, 1954, established The Blanche C. Downie Memorial Fund. This fund provides for a grant to deserving second year students of dental hygiene, and it will be administered by the Dental Foundation of North Carolina and the University Student Loan and Scholarship Committee.

In addition to the delegation of dental hygienists from the state, others present at the meeting were: Mrs. Henry O. Line-

berger, Chairman, North Carolina Dental Auxiliary Dental Foundation Committee, the faculty and dental hygiene students of the University of North Carolina. The following citation was read and presented by Miss Emma Mills, President, North Carolina Dental Hygienists' Association:

"In commemoration of an outstanding leader and a devoted teacher whose love of the dental hygiene profession expressed her talents and her enthusiasm. Her radiance and inspiration remain eternal."



GIVE

The A.D.A. Relief Fund exists to help dentists and their dependents who, because of accident or illness, are totally unable to help themselves. It is a charitable trust supported only by the voluntary contributions of dentists everywhere. Mail your contribution today to

AMERICAN DENTAL ASSOCIATION RELIEF FUND

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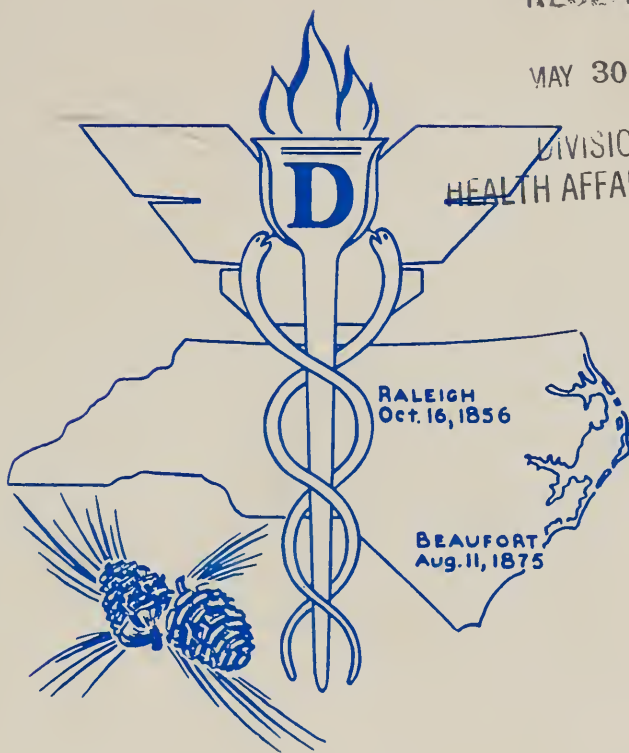
The JOURNAL

NORTH CAROLINA DENTAL SOCIETY

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THE JOURNAL of The North Carolina Dental Society

(Component of the American Dental Association)

VOLUME 38

APRIL, 1955

NUMBER 3

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MARVIN R. EVANS, Editor

FRANK G. ATWARTER, Associate Editor

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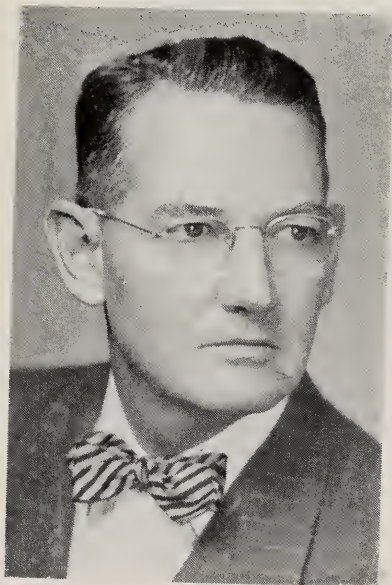
North Carolina Dental Society
1955



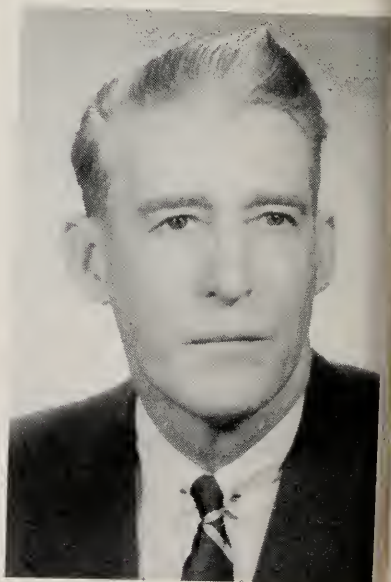
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The Ninety-Ninth Anniversary Meeting

1955

The North Carolina Dental Society



SUNDAY

May 15

MONDAY

May 16

TUESDAY

May 17

WEDNESDAY

May 18

The Carolina Hotel

Pinehurst, North Carolina

GENERAL INFORMATION

Registration

The registration desk will be in the foyer of the Carolina Hotel. It will open Sunday afternoon May 15, at two o'clock, and remain open on the following days of the meeting.

Members will please fill out a card and have it checked by your district secretary before presenting it for your lapel badge. This procedure will save time during the peak hours of registration. All guests and exhibitors attending the meeting are expected to register.

General Sessions

All general sessions will be held in the ballroom of the Carolina Hotel and you are cordially invited to participate. The Election of Officers and the House of Delegates meetings are closed and only members of the North Carolina Dental Society may attend.

Commercial Exhibits

Dr. E. A. Pearson states that the Commercial Exhibitors will have the newest dental equipment and supplies on display. This is a most important part of our meeting and you are urged to visit and register with them.

Again this year there will be a drawing for approximately \$300 worth of prizes. This drawing will take place Tuesday afternoon at five o'clock. Only dentists are eligible and you must be present to win.

Golf

The Golf Tournament will be held on Sunday at the beautiful Pinehurst Country Club. The Golf Committee urges every dentist who plays golf to take part in this activity which has been planned especially for your pleasure.

Each contestant is urged to start as early as possible and no entries will be allowed to start later than 2:00 p.m. Scores must be verified by another contestant and turned in by six o'clock. This request is made so that prizes may be awarded at the Golf Dinner in the Crystal Room at seven.

Banquet and Dance

A most cordial welcome is extended to the members and guests of the North Carolina Dental Society to attend the annual banquet and dance Tuesday evening. Tickets to the banquet will be furnished by the Carolina Hotel to their guests, and those who are not registered at the hotel may secure tickets at the desk.

Dr. Donald Kiser, Chairman of the Entertainment Committee assures us that a most enjoyable evening of music for dancing will be offered.

Breakfast Conferences

District Officers: The District Officers will meet Monday morning at eight o'clock in the Crystal Room. All district officers are requested to attend this breakfast.

Past Presidents: All Past Presidents attending the meeting are especially invited and urged to meet together for breakfast Tuesday morning at eight in the Crystal Room. Dr. Neal Sheffield will preside.

Fraternities

The various fraternities will meet Tuesday afternoon immediately following the drawing for prizes. You are urged to attend and take advantage of this further opportunity to meet new friends and greet old ones. The fraternities and place of meeting are: Psi Omega, the Card Room; Xi Psi Phi, the Pine Room; and Delta Sigma Delta, the Dutch Room.

For the Ladies

The schedule of events for the North Carolina Dental Auxiliary, the Dental Hygienists' Association, and the Dental Assistants Association will be found listed elsewhere in this program. There are planned activities for all three groups.

The North Carolina Dental Auxiliary extends a cordial invitation to its members and the guests of the North Carolina Dental Society to participate in its program. The Auxiliary will entertain the members of the Dental Society and their guests at a lawn party Sunday afternoon. A card party Monday morning and a tour of the Orchid Gardens are other exciting affairs which have been arranged especially for the ladies.

North Carolina Dental Society

Program Schedule by Days

SUNDAY, MAY 15

- 12:00 Noon Golf Tournament (Pinehurst Country Club)
- 2:00 P. M. Registration (Foyer)
- 3:00 P. M. North Carolina Unit American Society of Dentistry for Children. Dr. Ralph F. Sommer, Guest Lecturer (Card Room)
- 7:00 P. M. Golf Dinner (Crystal Room)
- 8:00 P. M. General Session (Ballroom)
- Invocation, Dr. Pierce Layfield, West End, North Carolina
- Necrology Report, E. D. Eatman, D.D.S., Rocky Mount, North Carolina
- Recognition and Greetings, Dan Wright, D.D.S., Greenville, North Carolina
- Mrs. Ralph Coffey, Morganton, North Carolina
President, North Carolina Dental Auxiliary
- Dr. A. S. Bumgardner, Charlotte, North Carolina
President Dental Foundation of North Carolina, Inc.
- Report of Fifth District Trustee Dr. Howard B. Higgins, Spartanburg, South Carolina
- "Leadership in Dentistry."
Dr. Daniel F. Lynch, President, American Dental Association
- 9:30 P. M. House of Delegates (Ballroom)

MONDAY, MAY 16

- 8:00 A. M. District Officers' Conference (Crystal Room)
- 9:00 A. M. General Session (Ballroom)
- President's Address—Bernard N. Walker, D.D.S., Charlotte, North Carolina
- 10:00 A. M. "Endodontics," Dr. Ralph F. Sommer, University of Michigan; Moderator, Dr. J. B. Freedland, Charlotte, North Carolina
- 12:30 P. M. Luncheon
- 1:30 P. M. "Operative Dentistry," Dr. Ralph W. Phillips, University of Indiana; Moderator, Dr. Norman Ross, Durham, North Carolina
- 3:30 P. M. "Periodontics," Dr. Lewis Fox, South Norwalk, Connecticut; Moderator, Dr. Z. Vance Kendrick, Charlotte, North Carolina

MONDAY, MAY 16

- 6:00 P. M. Dinner
- 8:00 P. M. Election of Officers (Ballroom)
- 9:00 P. M. House of Delegates (Ballroom)

TUESDAY, MAY 17

- 8:00 A. M. Past Presidents' Breakfast (Crystal Room)
- 9:00 A. M. "Periodontics," Dr. Lewis Fox; Moderator, Dr. Z. Vance Kendrick, Charlotte, North Carolina.
- 10:30 A. M. "Oral Diagnosis," Dr. Lester W. Burket, University of Pennsylvania; Moderator, Dr. P. B. Whittington, Greensboro, North Carolina
- 12:30 P. M. Luncheon
- 2:30 P. M. Table Clinics (Ballroom) See page 81
- 5:00 P. M. Drawing for Exhibit Prizes
- 5:15 P. M. Fraternity Hour
 - Psi Omega—Card Room
 - Xi Psi Phi—Pine Room
 - Delta Sigma Delta—Dutch Room
- 7:00 P. M. Banquet
- 9:00 P. M. Dance

WEDNESDAY, MAY 18

- 9:00 A. M. Meeting of House of Delegates (Ballroom)
- 10:00 A. M. General Session (Ballroom)
 - Installation of Officers
 - Adjournment



Dr. Lynch

DR. DANIEL F. LYNCH

President

American Dental Association

Dr. Lynch has for many years been prominent in dental organization both nationally and internationally and has taken an active role in a movement to advance standards of dentistry throughout the world.

He is a member of Sigma Xi, Omicron Kappa Upsilon, the American Society of Oral Surgeons, the American College of Dentists, the International College of Dentists and numerous other dental societies.

DR. HOWARD B. HIGGINS

Dr. Higgins of Spartanburg, South Carolina is the Trustee of the Fifth District of the American Dental Association. He will give his report to the membership Sunday evening.



Dr. Higgins

ENDODONTICS

Monday, May 16

10:00 A. M., Ballroom

**RALPH F. SOMMER, D.D.S.,
M.S., F.A.C.D., F.A.A.O.R.
Ann Arbor, Michigan**



Dr. Sommer has been Professor of Operative Dentistry at the University of Michigan Dental School for the past thirty years. He is head of the departments of Endodontics and Radiology at the University Dental School, and also at the W. K. Kellogg Institute for graduate and post-graduate studies. Dr. Sommer has lectured before many groups in the United States, Canada, Latin America and Europe.

He is a past president of the American Association of Endodontists; past director of the Detroit Dental Clinic Club of Endodontics; honorary president of several Canadian dental societies; and a member of the Odontological Association of Argentina. A fellow, American College of Dentists; member, American Association for the Advancement of Science; Academy of Oral Roentgenology, Delta Sigma Delta, Sigma Xi and the Telephone and Television Extension program of the University of Illinois College of Dentistry.

Synopsis—The changing concepts in Endodontic procedures based upon Histopathologic, Bacteriologic and Roentgenographic findings.

NORTH CAROLINA STATE UNIT AMERICAN SOCIETY OF DENTISTRY FOR CHILDREN Annual Meeting

Card Room, Carolina Hotel

3:30 P. M. Sunday, May 16

Speaker: Ralph Sommer, D.D.S., M.S., FACD, FAAOR

Subject: "Accidental injuries to young permanent teeth and their management."

All members of the North Carolina Dental Society are invited to attend.

A short business meeting will follow Dr. Sommer's lecture.

OPERATIVE DENTISTRY

"Common Causes for the Failure of Dental Materials in Operative Dentistry"

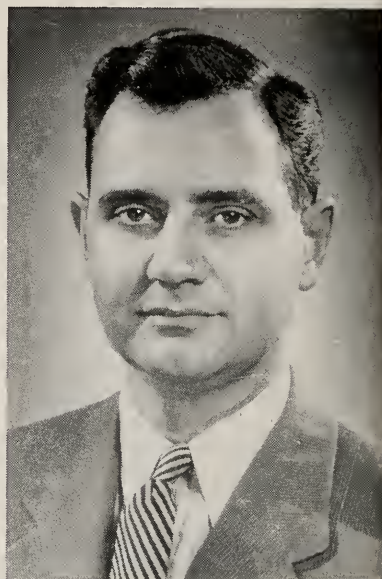
Monday, May 16

1:30 P. M., Ballroom

RALPH W. PHILLIPS, D.D.S.

Associate Professor and Chairman
Department of Dental Materials
Indiana University, Indianapolis,
Indiana

Dr. Phillips has appeared on many programs throughout the United States and is widely known for his research in the field of dental materials. He was awarded the annual prize in 1948 given by the Chicago Dental Society for research on "The Effect of Fluorides on Hardness of Enamel," and is the recipient of research grants from many government agencies.



A total of 58 scientific papers, written by Dr. Phillips, have been published in the *Journal of the American Dental Association*, *Journal of Dental Research*, *Journal of Prosthetic Dentistry* and various chemical journals.

Dr. Phillips is a member of the Dental Study Section of the U. S. Public Health Service, Sigma Xi, Omicron Kappa Upsilon, International College of Dentists, International Association for Dental Research, American Association for the Advancement of Science and numerous other dental organizations.

He is a graduate of Indiana University. His present position consists of teaching the undergraduate, graduate and postgraduate courses in his field and directing all research in dental materials.

Synopsis—A high percent of the clinical failure of restorative materials can be attributed to their improper use. Recent research has presented the dentist with many new materials and techniques as well as perfection of older methods. This presentation will evaluate these newer developments, covering such things as: a clinical evaluation of amalgam failures, wax pattern distortion and porosity in dental castings, inaccuracy in hydrocolloid impressions, the properties of self-evaluation of resin cements, etc.

PERIODONTICS

"Principles of Occlusion"

Monday, May 16

3:30 P. M., Ballroom

Tuesday, May 17

9:00 P. M., Ballroom

LEWIS FOX, D.D.S.

South Norwalk, Connecticut



Dr. Fox is Assistant Clinical Professor of Dentistry at Columbia University's School of Dental and Oral Surgery, New York City, and has appeared on many state and national programs.

He is a member, American Academy of Periodontology, American Academy of Oral Pathology, International Association for Dental Research, American Association for Advancement of Science, and the American Denture Society. In addition he is a Diplomat of the American Board of Periodontology; a Fellow, American College of Dentists; and Associate in Dental Research, New England Institute for Medical Research.

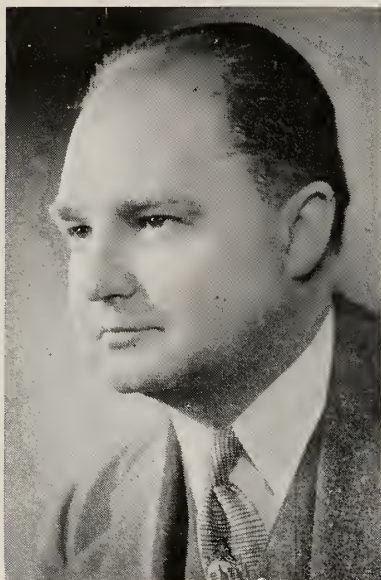
Synopsis—The evaluation and management of the clinical aspects of occlusion will be presented. The functions and objectives of occlusion will be correlated to the needs for securing and maintaining periodontal health. Concepts of occlusal trauma and occlusal balance will be discussed.

ORAL DIAGNOSIS

"Oral Diseases"

Tuesday, May 17

10:30 A. M., Ballroom



Lester W. Burket, D.D.S., M.D.
Philadelphia, Pennsylvania

Dr. Burket is Professor of Oral Medicine, and Dean of the School of Dentistry, University of Pennsylvania. He is a member of Penn's Graduate School of Medicine staff and in addition is Chief of the Oral Medicine Service, Philadelphia General Hospital.

His textbook, *Oral Medicine*, is widely used by dental schools and private practitioners. He is an Associate Editor of the *Journal of Nutrition* and the *Journal of Oral Medicine, Oral Pathology and Oral Surgery*.

Synopsis—A rational procedure for oral diagnosis will be outlined. The diagnostic features of the more common diseases of the tongue and oral mucosa will be discussed and illustrated by means of kodachrome slides.

TABLE CLINICS

Tuesday, May 17, 1955

2:30 to 5:00 P. M., Ballroom

OPERATIVE DENTISTRY

Clinic Number 1

Clinician — M. G. Miska, University of North Carolina
Subject — Preparation for Porcelain Faced Full Veneer Crowns.

Clinic Number 2

Clinician — Charles A. Jarrett, Charlotte
Subject — Porcelain Jacket Technic.

Clinic Number 3

Clinicians — J. J. Lauten and R. S. Turner, Greensboro
Subject — Elastic Impression Technic for Crown and Bridge.

Clinic Number 4

Clinician — Robert E. Finch, Raleigh
Subject — Permalastic Technic for Single and Multiple Impressions.

Clinic Number 5

Clinician — Thomas D. Volmer, Burlington
Subject — Antibiotic Cement in Pulp Exposures, Statistics of Use Over Two Year Period.

Clinic Number 6

Clinician — J. R. Carson, Rocky Mount
Subject — Plastic Restorations.

Clinic Number 7

Clinician — Clarence Lee Sockwell, University of North Carolina
Subject — Natural Tooth Project.

Clinic Number 8

Clinician — Richard W. Keller, University of North Carolina
Subject — Factors Contributing to Bridge Failures.

ORAL SURGERY

Clinic Number 9

Clinician — C. W. Poindexter, Greensboro
Subject — Technic for Root Resection.

Clinic Number 10

Clinician — L. D. Herring, Raleigh
Subject — Marsupialization Procedure for Treatment of Cysts.

Clinic Number 11

Clinician — P. B. Whittington, Greensboro
Subject — Root Tip Elevators.

Clinic Number 12

Clinician — Ben H. Houston, Goldsboro
Subject — Replantation Subsequent to Traumatic Injury.

PROSTHETICS

Clinic Number 13

Clinician — Ralph F. Jarrett, Charlotte
Subject — Functional Impression and Duplication of the Lower Denture.

Clinic Number 14

Clinician — A. G. Inscoc, Spring Hope
Subject — Immediate Dentures.

Clinic Number 15

Clinician — J. K. Holladay, Charlotte
Subject — Anatomic Versus Non-Anatomic Teeth in Full Denture Construction.

PERIODONTIA

Clinic Number 16

Clinician — J. Wilfred Gallagher, University of North Carolina
Subject — Problem Cases in Periodontics.

ENDODONTIA

Clinic Number 17

Clinician — C. Den Gerdes, Biltmore
Subject — Root Canal Therapy Dynamics.

ROENTGENOLOGY

Clinic Number 18

Clinician — J. H. Edwards, Raleigh
Subject — Mounting and Filing X-ray Films.

ANESTHESIA

Clinic Number 19

Clinician — Freeman C. Slaughter, Kannapolis
Subject — General Anesthesia in Dental Practice.

PEDODONTICS

Clinic Number 20

Clinician — Dwight L. Clark, Asheville
Subject — Aids in Pedodontics.

Clinic Number 21

Clinician — Joseph Fremont Burket, University of North Carolina
Subject — Demonstration Models—An Easy Method of Fabrication.

PHARMACOLOGY

Clinic Number 22

Clinician — Clinton C. Diercks, Morganton
Subject — Pharmaceuticals and Prescriptions for the General Practitioner.

ORAL PATHOLOGY

Clinic Number 23

Clinician — Stanford Harris, Weaverville
Subject — Oral Manifestations of Systemic Diseases.

UNIVERSITY OF NORTH CAROLINA STUDENT CLINICS

Clinic Number 24

Subject — Oral Pathology and Periodontology.

Clinic Number 25

Subject — Pedodontics.

Clinic Number 26

Subject — Operative Dentistry.

Clinic Number 27

Subject — Prosthodontics.

NORTH CAROLINA DENTAL HYGIENISTS' ASSOCIATION

Clinic Number 28

Clinician — Miss Margaret Shealy, Greensboro
Subject — The Scope of the Dental Hygienist.

Clinic Number 29

Clinicians — Dental Hygiene Students, University of North Carolina
Subject — Your Ambassador of Good Will.

NORTH CAROLINA DENTAL ASSISTANTS ASSOCIATION

Clinic Number 30

Clinician — Miss Edna Zedaker, Charlotte
Subject — Gadgets for the Small Fry.

Clinic Number 31

Clinicians — Durham-Orange Dental Assistants Society
Subject — Learning Through the A.D.A.A. Extension Study Course.

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North Carolina Dental Auxiliary

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North Carolina Dental Auxiliary

FIFTH ANNUAL MEETING

Carolina Hotel, Pinehurst, North Carolina

May 15-17, 1955

Program

SUNDAY, MAY 15

3:00 P. M. Registration Foyer

5:00 P. M. Lawn Party Lawn

The members of the North Carolina
Dental Society will be honor guests.

8:00 P. M. General Session, North Carolina Dental Society Ballroom

MONDAY, MAY 16

8:30 A. M. Registration Foyer

9:00 A. M. Golf Tournament Pinehurst Country Club

10:30 A. M. Card Tournament, Bridge and Canasta Card Room

Tables for play may be made up at the
Card Room Tuesday morning, or if you
desire you may make up your own table.

2:30 P. M. Executive Board Meeting Card Room

TUESDAY, MAY 17

10:00 A. M. General Meeting Card Room

Invocation—Mrs. Walter Clark
President's Report
Election of Officers
Installation of Officers
Adjournment

1:00 P. M. Luncheon Main Dining Room

Recognition of New Members
Awarding of Door Prizes, Golf Prizes and Trophy.

3:00 P. M. Tour of Carolina Orchid Gardens

7:00 P. M. Banquet

9:00 P. M. Dance

The North Carolina Dental Auxiliary extends a cordial invitation to its members and to the guests of the North Carolina Dental Society to participate in its program.

North Carolina Dental Hygienists' Association

OFFICERS

MISS EMMA MILLS, <i>President</i>	Winston-Salem
MISS MARGARET JONES, <i>Secretary</i>	High Point
MRS. NANCY HORTON, <i>Treasurer</i>	Greensboro

Executive Council

Miss Eleanor Forbes	Miss Emma Mills	Miss Margaret Shealy
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Program

SUNDAY, MAY 15, 1955

- 3:00 P. M. Registration
- 5-7 P. M. Official Reception, Pinecrest Inn
- 8:00 P. M. General Session, North Carolina Dental Society, Carolina Hotel

MONDAY, MAY 16, 1955

- 8:30 A. M. Registration
- 9:00 A. M. Opening Session
 - Call to Order
 - Dr. Amos Bumgardner, Chairman, Advisory Committee to Dental Hygienists' Association
- 9:30 A. M. "Pedodontics in General Practice," Dr. Donald L. Henson, Kinston, North Carolina
- 10:30 A. M. "Report of National Meeting," Mrs. Nancy Horton and Miss Alberta Beat
- 11:00 A. M. "Role of the Dental Hygienist in the Establishment and Maintenance of Oral Hygiene Service in Private Practice," Miss Mae Sarsfield, Philadelphia, Pennsylvania.
- 12:00 Noon Business Session
 - President's Report
- 1:00 P. M. Luncheon
- 2:30 P. M. "Objectives in Dental Hygiene," Dr. Wilfred Gallagher, Chapel Hill
- 3:30 P. M. Election and Installation of Officers
- 4:30 P. M. Executive Council Meeting

TUESDAY, MAY 17, 1955

- 8:30 A. M. Registration
- 9:30 A. M. Dr. J. W. Branham, Raleigh
- 10:00 A. M. "Your Professional Association," Miss Margaret Swanson, Washington, D.C.
- 11:00 A. M. Business Session
- 12:30 P. M. Luncheon
- 2:00 P. M. General Clinics, Carolina Hotel
- 5:00 P. M. Adjournment

North Carolina Dental Assistants Association Program

Holly Inn, Pinehurst, North Carolina

May 14-17, 1955

SATURDAY, MAY 14

- 5:00 P. M. Registration
- 8:00 P. M. Board of Directors Meeting
- 9:00 P. M. Reception by Charlotte Dental Assistants Society

SUNDAY, MAY 15

- 9:00 A. M. Registration
- 10:00 A. M. First Business Session
- 1:00 P. M. Luncheon Honoring Component Society Presidents
- 4:00 P. M. Board of Directors Meeting
- 6:00 P. M. Social Hour—Greensboro Dental Assistants Society
- 8:00 P. M. General Session, North Carolina Dental Society, Carolina Hotel

MONDAY, MAY 16

- 10:00 A. M. Clinics
- 11:00 A. M. Second Business Session
- 12:30 P. M. Luncheon
- 2:00 P. M. General Meeting
 - Call to Order—Miss Nellie Reeves
 - Address of Welcome—Dr. J. J. Lauten, Greensboro
 - Response—Miss Edna Zedaker
 - Greetings—Miss Ruth V. Doring, Montclair, N.J., President ADAA
 - “The Dental Assistants Role in the Dental Office.” Dr. J. W. Branham, Raleigh
 - Address, Miss Ione Roberts, Memphis, Tennessee
 - President’s Address, Miss Mary Benton, Greensboro
- 8:00 P. M. Banquet and Dance

TUESDAY, MAY 17

- 9:30 A. M. Third Business Session
- 11:00 A. M. Fourth Business Session
 - Installation of Officers
 - Adjournment
- 2:00 P. M. Table Clinics, Carolina Hotel



BERNARD N. WALKER, D.D.S.

Charlotte, North Carolina

When Bernard Walker came to this state from his home in Mississippi we gained a very vital personality. A man of varied interests and boundless enthusiasm. His primary interest is dentistry; his main hobby is amateur radio.

He has worked hard and well at the big job of guiding our Society this year, and it is particularly fitting that during his term as President of the North Carolina Dental Society that we honor him with the dedication of this Journal.

The President's Page

Bernard N. Walker, D.D.S.

CHARLOTTE

As the ninety-ninth year of organized dentistry in North Carolina draws to a close, we should pause to reflect on the progress that has been made during these years. The number of members has grown from eight in the original society founded in 1856 to over nine hundred in 1955. During these intervening years, many have given of their time and resources to bring dentistry to the position of respect that it now holds. Constant effort on the part of these men has resulted in the establishment of the State Board of Dental Examiners and the formulation of laws governing the practice of dentistry in North Carolina. There has been the establishment of a Division of Oral Health as a part of the State Board of Health. Representation has been given to dental members on the State Board of Health and on County Boards of Health. Organized dentistry paid for a survey of the dental educational needs in North Carolina, and then worked for and helped found the School of Dentistry at the University of North Carolina. These are some of the major projects, but there have been many more. Much credit should be given to the many local dental societies and individuals who, through their

efforts, have reflected honor on our profession. The place that dentistry holds among the health professions did not just happen but it took planning, foresight, and much work.

During the past ten years, due to the growth of the North Carolina Dental Society and the problems connected with this increase, it has become more evident to the officials of the society that something needs to be done to lessen the demands on the Secretary-Treasurer, Editor-Publisher, and the President, not to mention the Exhibits Chairman, Program Chairman, and many other chairmen with their ever increasing routine duties. The recommendation of an executive secretary is not new, and those who have given this subject thorough and intensive study are agreed that for the best interest of the society a central office should be set up and an executive secretary employed.

As we close out a century of organized dentistry in North Carolina, we stand at the threshold of great opportunity to go forward with the times. Surely, with the heritage which has been handed down to us by our predecessors, we must continue to exert every effort in behalf of our organization.

From The Secretary's Desk

Previewing the Annual Meeting

Ralph Coffey, D.D.S., Morganton

Registration: Registration for our meeting will begin at two o'clock Sunday afternoon, and will continue throughout the entire meeting. Each member will register for himself and if he wishes for his wife also. Badges have been prepared for every member who is "Paid Up" in current dues. With this arrangement no great delay should be encountered.

General Arrangements: During the year the various committees responsible for this meeting have met and coordinated all their duties, thereby assuring the membership of a smooth meeting. Members of these committees will be identified by badges. Charlie Eatman, General Arrangements Chairman, will direct and coordinate this work and all requests should be made to him.

House of Delegates: It is the plan now to hold the meetings of the House of Delegates in the main ballroom. This is being done so that a greater number of the membership can attend. Another reason for this decision is that our reporters will be able to do a better job if all persons are visible. For the first time this year hand microphones will be provided for those who address the Chair. This duty will be handled by the ushers and pages working under the Arrangements Committee.

Exhibits: I want to remind each member of the fine Exhibitors who help in a great way to give us a better meeting. Dr. Pearson has worked hard and you will have missed something if you do not visit each booth. The best thanks to our Chairman and the Exhibitors will be a visit from you. And above all—SAVE AN ORDER FOR THE MEETING.

Stenographic Service: Mr. Crumpton, our insurance agent, furnished the services of a stenographer for our convenience last year and plans to extend this same courtesy to us again. In the foyer you will find one of his stenographers eager to help you. She will be available for the entire meeting should you need secretarial services.

Ladies: This year the Auxiliary will assist the Society in entertaining our out-of-state visitors and their wives. One of the highlights of the meeting, planned by the joint committee, will be a tour of the Carolina Orchid Gardens. Transportation to the gardens will be provided by members of the Auxiliary.

Program: Drs. Kendrick and Freedland have an outstanding group of essayists and clinicians for this meeting. Their plans were completed in July with their first choices accepting the invitation to appear. Our thanks go to them for the fine program, and I feel sure that the system which they are planning to use will be an outstanding feature of this year's meeting. We are fortunate that Dr. Daniel F. Lynch, President of the American Dental Association, will be our guest.

In closing may I urge each member of the Society to come to Pinehurst. A fine program has been arranged for you.

If you extract teeth, read this!

Natural Tooth Project

Clarence L. Sockwell, D.D.S., Chapel Hill

Can you remember as a dental student the difficulty you had collecting enough natural teeth for various laboratory technics? Dental students are still faced with the same problem. More teeth than ever before are now being used.

A natural tooth project is now in operation at North Carolina's School of Dentistry. It is felt that this project is a simple solution to the problem of obtaining enough teeth to meet the students' needs. Many dentists are regular contributors of natural teeth for which the students and the School of Dentistry are most appreciative.

The project was set up shortly after the school opened. Cards were sent out to many dentists inquiring; first, if they extracted teeth, and second, if they would save the teeth and mail them to the School of Dentistry provided the school furnish a container, mailing box and instructions. The response was so overwhelming that only a fraction of those requesting containers could be supplied due to the initial cost of materials. Containers were sent out on a first come—first served basis.

Many teeth were sent in during the first year. At present, the supply on hand is diminishing and contributions are rapidly declining. Several reasons for this are known. Many times students

bring in containers of teeth from dentists without seeing that empty containers are returned to the dentists. Other reasons could be listed but they are not important. The thing that is important is that more teeth are needed now and will continue to be needed in the future.

An alternative plan to sending extracted teeth to the school would be to bring them to the state meeting just as amalgam scraps have been brought in the past. A table clinic showing how natural teeth are utilized will be presented at the coming state meeting. This clinic would appear annually and act as a station for collecting extracted teeth.

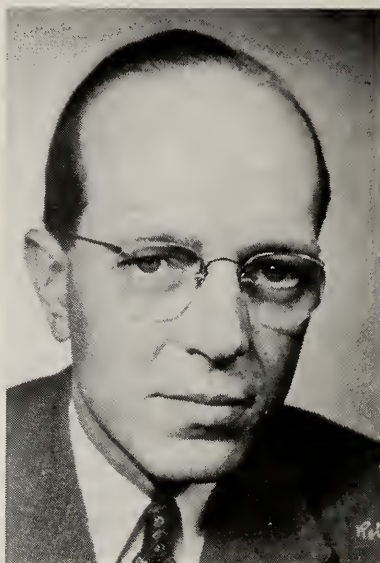
Your contribution to this program is needed, welcomed, and appreciated. Save all teeth except those that are badly broken down and third molars. The teeth should be kept moist from time of extraction in a solution of equal parts of glycerin and formaldehyde. Teeth which are allowed to dry out become brittle and fracture easily, therefore, cannot be used in technic courses.

If you wish the school to send you a container with the glycerin-formaldehyde solution, please send a post card to the Natural Tooth Project in care of the School of Dentistry.

North Carolina Welcomes The Southeastern Academy Of Prosthodontics

The annual Scientific Meeting of the Southeastern Academy of Prosthodontics will be held for the first time this year in North Carolina. This meeting will be just prior to the State Meeting with Saturday, May 14 designated as the day during which the Essays and Scientific Sessions will be held. The entire day will be devoted to two formal presentations by the featured speaker and interesting table clinics.

The Academy was extremely fortunate to procure the services of Dr. Ernest R. Granger of Mount Vernon, New York. Dr. Granger is recognized as one of the foremost lecturers of Prosthodontics and is a brilliant student and thinker in that field. He is a graduate of the University of Pennsylvania, class of 1928, a Fellow, American College of Dentists, Fellow, American Academy of Restorative Dentistry, Member, International Association for Dental Research, Member, American Dental Society of Europe, Fellow, New York Academy of Dentistry, Director, Post Graduate Instruction on Oral Rehabilitation, University of Pennsylvania.



Dr. Ernest R. Granger

The titles of Dr. Granger's presentations will be "Functional Consideration in Model Mounting" and "A Method of Recording Functional Relations." Following these two presentations, a two-hour table clinic session will ensue with representative members of seven southeastern states participating.

Dental Society members as guests are cordially invited to attend the Academy Scientific Session which will start at 10:00 a.m. on Saturday, May 14. A guest fee of \$10.00 will be charged for each attending guest which includes admittance to all Scientific Sessions during the day. The entire meeting of the Southeastern Academy will be held in the Hollywood Hotel in Southern Pines and reservations may be secured now for attendance to this meeting.

Temporo-Mandibular Joint Dysfunction In Relation To Occlusal Dysfunction

J. Wilfred Gallagher, D.M.D., Chapel Hill

Approximately ninety percent of temporo-mandibular joint dysfunctions are caused by occlusal dysfunction; the remaining 10% are present with rheumatoid arthritis, degenerative joint disease, rickets, etc.

The symptoms of temporo-mandibular joint dysfunction are impaired function, muscle trismus, clicking, snapping joints, and the radiating reflex pain described in Costen's syndrome.

Occlusal dysfunctions causing the above mentioned are:

1. Muscular disturbances relating to biting habits, hyperactivity of muscles, trismus, bruxism.
2. Injury or strain on joint beyond the tolerance of tissue caused by prolonged dental operations.
3. Displacement of the joint by premature contacts of the occlusal surfaces.
 - (a) Prematurity of centric position
 - (b) Prematurities of the non-function (balance) bite relation.

4. Displacement type of Class II malocclusion

The stomatognathic system consists of the teeth and their supporting structures, the mandible and maxilla, the temporo-mandibular joints, the musculature, the nerve and vascular supply and structures of lesser importance. Derangement of any of

these parts will affect the other components.

The musculature and the TMJ are the most constant, the least changeable and the least adaptable to change.

The TMJ is formed of articular fibro-cartilage on the articular fossa and tubercle and the head of the condyle. The articular disc interposed between the condyle and articular tubercle is composed of dense fibrous tissue resembling a ligament in which islands of hyaline cartilage develop in older patients. Cellular changes occur in these tissues under mechanical influence. Synovial villi are in the posterior part of the articular capsule and extend into the articular cavity. There is a small amount of viscous synovial fluid in the articular spaces. Injury to the joint results in traumatism to tissues without a blood supply, and may result in lessening the secretion of the synovial fluid which is the nutrient for the tissues of the TMJ. Painful function and degeneration of the joint may occur.

This may even develop with normal occlusion and muscular activity. However, the dysfunctions classified above, related to abnormal occlusal and muscular function, are the major cause of TMJ.

Before analyzing the dysfunctions, let us discuss the normal function and important fundamentals.

First, *Rest Position* is the basic

relation of mandible to maxillae. It is established soon after birth and is a constant all during life. It has nothing to do with the teeth. It is a relationship in which all the muscles of mastication are in slight "tension" or tonus and balance, with the muscles at physiologic resting length. The muscles are in a state of balance in all planes.

Rest position cannot be altered by restorative or orthodontic procedure. However, there are variations of rest position related to variations of tonicity of the musculature, (1) hypotonicity, as seen in disease, fatigue, and generally diminished muscular tone; (2) hypertonicity, which, when extreme, is muscle trismus. This may alter the normal rest position. It is only when the normal tonus of muscle is regained that normal rest position re-occurs. After case history and recognition of objective and subjective symptoms, (clicking and crepitus, pain, limitation of opening, etc.) the causative factors can be relieved and the normal rest position restored. In rest position the condyle is in a resting relation in the anterior part of the articular fossa, distal to the articular tubercle with a balanced musculature.

The movement from rest position to occlusal contact occurs as a *hinge movement* with the axis of rotation within the head of the condyle, the mandible moving in a short forward and upward arc in a majority of cases and sufficiently so for practical purposes of analysis. This position reached with occlusion is defined as the *centric occlusal position*. There may be occlusion of two teeth or of all teeth, when

it is then called *true centric position*. When the jaws and teeth are in full contact the muscles of mastication are in tension and can only hold this position for an interval of time, before returning to rest position. If two teeth only come into contact in the centric bite relation closure from rest position to occlusal contact, they would be in traumatic function bearing the full load of occlusion. The injury state would either be translated with injury of the periodontics supporting these teeth or would be transmitted to the TMJ. Initial contact on inclined planes of these teeth may cause a deflection or displacement of the mandible and condyle which results in injury.

The patient, as an accommodation pattern to the TMJ injury, frequently develops biting habits. There are also developed by worry, tension, and other psychosomatic principles, with flexion, abnormal tension, wear and pressure on other parts of the stomatognathic system.

Gottlieb stated that we would not have injury states if we used our teeth only during the chewing of foods. If abnormal attrition and wear are present, look for biting habits and either actual or potential injury states of the periodontium or TMJ.

The term "vertical dimension" of the face requires the distinction to be made between "occlusal" vertical dimension and "facial" vertical dimension.

In making reference to the term vertical dimension of the face let us first distinguish between the *occlusal vertical dimension* and *rest vertical dimension*. The former refers to the

facial measurement when the teeth are in occlusion and is amenable to changes and alterations in the occlusion. This dimension will decrease when the teeth are worn more quickly than compensatory eruption can occur, with biting habits, and is lost when the teeth are extracted.

The *rest vertical dimension* is present with the mandible in the physiologic rest position and has a *constant* relation to the cranial and facial anatomical relations all through life.

The distance between these two is the freeway space or interocclusal clearance usually 3-4 mms. which exists between the teeth with the mandible in the rest position.

There is general agreement that abnormal occlusion or occlusal dysfunction causes the majority of TMJ dysfunction.

The occlusion therefore must be analyzed by a functional method. Observing the teeth in the various static occlusal relations is not sufficient. A dynamic concept is necessary to evaluate the condition and to produce an occlusion that is in functional harmony with the facial skeleton, the musculature and the TMJ.

The first step in the functional analysis of the maxilla mandibular relationship is the step which is too often or completely neglected: that is the evaluation of the TMJ function. The fingers are placed lightly over the joints to detect crepitus. One may even use a stethoscope to assist. The patient may complain of clicking that is audible during mastication or the crepitus may be so slight it can hardly be detected.

The clicking or crepitus represents abnormal joint function usually caused by malocclusion of the teeth. Muscular tension will be present particularly of the pterygoid muscles, the superior head of which is attached to the anterior part of the articular disc and protracts the disc in the opening of the mandible. (Remember there is no retractor of the disc.) The clicking is the result of the condyle head passing over the posterior border of the disc in the opening and closing function.

Clicking can occur with abnormal occlusion as a result of injury and an accompanying tension of the superior head of the external pterygoid. However, the following portrayal of the malocclusion usually existing explains the clicking: deep overbite, wide inter-occlusal clearance, distorted as regards the various teeth. The mandible closes instead of an upward forward arc, an upward backward movement for the posterior teeth to come into contact. A click occurs as the condyle moves distally over the posterior border of the disc and again re-occurs on opening because the condyle head is posterior to its normal position, a posterior displacement. The disc is restrained from passing posteriorly by the superior head of the external pterygoid. Clicking does not occur during the speech function of the mandible, just in occluding. The placement of an occlusal bite splint will eliminate the clicking immediately.

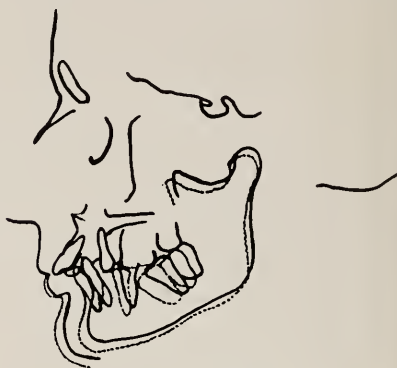
If displacement of the condyle occurs due to any other occlusal pattern of dysfunction then do not expect a normal function of

the musculature until rest and the relief of tension occurs.

As the true centric position is the basis of all correct dental prosthesis and also for the functional diagnosis of dysfunction a bite splint worn until the musculature regains its normal function and the mandible its normal position, aids the correct diagnosis and allows the operator to get the correct centric bite. Figs. 1 and 2.

Another aid in the clinical diagnosis of dysfunction is the correct mounting of casts with centric relation bite and check bite, a bite relation without muscular tension and occlusal interdigitation taken within the interocclusal clearance. The bite relation plus the check bite coinciding, shows that the true centric is obtained as there is no other relationship of the mandible to the maxillae which we can duplicate exactly time after time in normal function. The use of an adjustable anatomical face-bow which finds the correct axis of rotation and orients the maxillary casts on the articular as the maxilla is related to the Frank-

fort plane in cranial studies, is a necessity. Study can be made of prematurities and lingual relation of cusps and inclined planes not other wise observed.



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Fig. 3—Tracing of cephalometric film of rest position and full closure. Overclosure and posterior displacement. Dotted line shows rest position. Continuous line shows position of displacement.

Another aid in checking displacements of the condyle of the mandible in analysis of occlusion is the use of the cephalometric x-rays and tracings with the mandible in different func-

Fig. 1—Bite splint Fig. 4 used with impression paste to take centric relation record.

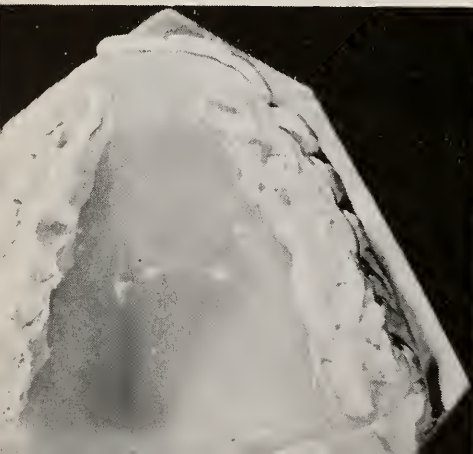
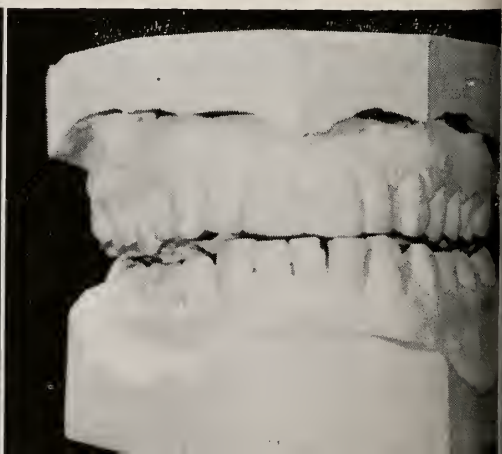


Fig. 2—Casts together with centric bite interposed.



tional positions, notably rest position and full closure. This provides graphic proof of displacement. Fig. 3.

The history of the biting habits is an essential guide to the analysis of the occlusal dysfunction as well as a guide to the need of occlusal equilibration.

The clinical diagnosis requires the dentist to observe the patient in relaxed speech and function, to use his observation in determining the rest position. From the anterior aspect, taking a landmark of the teeth as a marker, the patient is observed closing from rest position to occlusal contact, first, initial contact or full closure whichever occurs. Any displacement to the right or left is noticed. The same observation is done from the lateral aspect, noting from rest position to full closure any displacement either anterior or posterior.

Precaution: a patient may have a displaced centric and be able to close right into this relation because of an accommodation pattern of closure. However, if he be allowed to close only from rest position slowly he will close to initial contact and then deviate to full closure. The premature or initial contact in closing in the centric relation is the most important occlusal dysfunction causing both periodontal and temporomandibular joint dysfunction.

The next most damaging functional relationship to both the periodontium and the TMJ is premature contact in the nonfunctional or "balance" bite relation. When the patient is observed to close in either the right or left chewing stroke and has

premature contact occur on the opposite side he will have an interrupted movement with the tooth in premature contact bearing a heavy traumatic load with injury transmitted to both periodontium and the TMJ.

The centric and nonfunctional prematurities may be corrected by selective grinding, reconstruction or other means but many times with the TMJ injury severe, it would be the wisest procedure to use a bite splint to prevent occlusal interdigitation and relieve the traumatic stresses to give the TMJ a chance to rest and repair. It takes longer than most tissues for the TMJ to repair, due to its avascular cellular nutrition and inability to get complete rest.

Harmonious relations at rest and function in all parts of the stomatognathic system should be the primary objective in the practice of general dentistry, orthodontics, periodontics, and prosthetics.

Permanent correction of TMJ dysfunction may involve orthodontic procedures, occlusal reconstruction, crowns, bridges, inlays, onlays or partial dentures. Occlusal equilibration as an exact grinding procedure of the interfering cuspal relations is indicated in most cases of dysfunction either as a complete treatment or in conjunction with the other procedures just mentioned.

Temporary correction of the dysfunction and relief of pain is of the utmost importance before these procedures can be undertaken for the restoration of normal function of the TMJ and the comfort of the patient. Trismus and tension must be re-

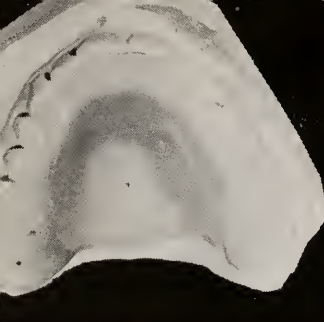


Fig. 4—Bite splint with flat contacting surface for the mandibular teeth.

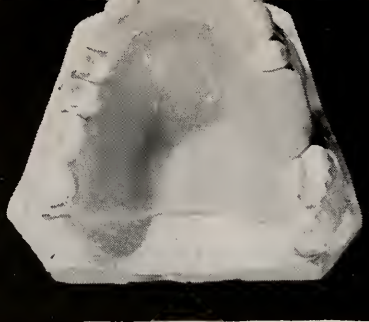


Fig. 5—Bite splint for anterior overbite cases with flat contacting surfaces for the mandibular incisors at the correct vertical opening.

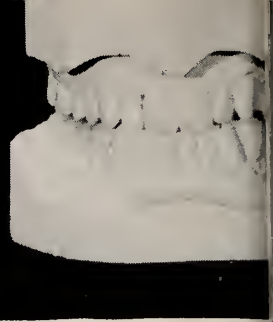


Fig. 6—Acrylic splints, sometimes during occlusal reconstruction to maintain proper vertical dimension.

lieved from the musculature and the injury state removed from the TMJ. Accordingly various bite splints are employed according to the occlusal dysfunction present. Three commonly used occlusal splints are described:

1. Bite Splint—Figure 4

This is the most commonly used occlusal bite splint which provides even contact of all the mandibular teeth on a flat table or plane.

It is constructed as a clicker type maxillary palatal retention partial extending over the palate to the lingual surfaces of the maxillary teeth, processed and polished. A soft mix of isomer and polymer quick setting plastic is placed on the periphery of the palatal acrylic and the patient is asked to close gently into the soft acrylic mass. There is a very thin layer of acrylic between the occlusal surfaces of the maxillary and mandibular teeth. The acrylic which has set in the mouth is trimmed flush with the buccal and labial surfaces of the teeth and any occlusal impression of the teeth on the mandibular surface is trimmed flat so that only the flattest contact relation of the mandi-

bular teeth remains in the acrylic preventing interdigitation of the teeth. Patients with severe symptoms can usually get immediate relief or within a short time. When the muscle trismus is gone in a week or two the correct centric relation may be determined for mounting the casts by using the bite splint in Figure 2, and adding quick setting denture impression cream to the occlusal surface of the splint with the patient closing slowly to contact from the rest position. The case is then mounted with a face-bow on a fully adjustable articulator.

II. Bite Splint—Figure 5

This is for anterior overbite cases, with large freeway, inter-occlusal clearance, commonly a posterior and superior displacement of the condyle. This features an upper palatal acrylic "clicker" type partial, with a flat anterior table for the lower anterior teeth to contact only lingual to the upper anteriors, sufficient to restore the proper occlusal vertical dimension. This type may or may not have a Hawley Retaining Wire on the labial of the upper anteriors depending on the indications. The

primary purpose of this as well as the other bite splints is to restore the proper occlusal vertical dimension, prevent the interdigitation of teeth with the accompanying occlusal dysfunction, and allow the musculature to rest and return the mandible to normal centric relation.

III. *Bite Splint*—*Figure 6*

There is a flat occlusal table provided in this splint with opening within the freeway space to allow proper protrusive and lateral function of the anterior teeth. This is helpful to use during reconstruction of the occlusal surfaces with bridges, onlays or crowns. This is made of tooth colored acrylic and fits the mandibular teeth to the height

of contour. It will either be cemented to place or left free to be removed and the teeth cleaned—whichever is desirable.

When TMJ dysfunction and symptoms are present, the use of a bite splint is recommended for relief of pain and symptoms and the ability to study the case in developing the diagnosis. The suggested treatment by some operators for the dysfunction and symptoms is injection of the joint to obtain immobility. This alters the physiology of the joint and should not be done unless all other possibilities are precluded. It is recommended that the analysis of occlusal function be a necessary and basic part of every dental examination.

News From the Districts

The Second District Dental Society is happy to welcome as members the following: Drs. Wm. F. Fowler, King; F. G. Gaither, Statesville; W. E. Harris, Harrisburg; Robert Hull, Charlotte; Homer C. Jamison, Charlotte; W. A. Jarrell, Jr., Charlotte; Harold S. Lanier, Welcome; J. G. Moore, Mooresville; Thomas H. Roach, Salisbury; Richard F. Scherer, Winston-Salem; Richard Cooley, Charlotte; and James J. Elliott, Charlotte.

Dr. William E. Harris has entered the Service and is stationed in Puerto Rico and Dr. H. S. Lanier is at Cherry Point, North Carolina.

Dr. W. Kenneth Young has moved from Winston-Salem to Greensboro. Dr. Young is a graduate of the University of North Carolina School of Dentistry.

Dr. M. R. Garber is now located at Albemarle.

A newcomer to Washington dental circles is Dr. William Kidd; he recently moved from Warrenton.

Dr. Rhodes Lupton, a native of Hyde County, has been practicing dentistry at Swanquarter since early fall.

Fifth District Dental Society Officers, J. M. Zealy, Goldsboro; M. M. Lilley, Scotland Neck; Charles P. Godwin, Rocky Mount; and Charles B. Johnson, New Bern, met in Greenville February 2, at the Country Club. The Program Committee and the Constitution and By-Laws Committee also met the same night.

Dr. Charles T. Barker of New Bern attended the Alumni Homecoming at the Medical College of Virginia, January 31 and February 1.

The Lenoir County Dental Society is preparing for the meeting of the Fifth District Dental Society which will be held in Kinston in September. Several local members have met in Greenville and Goldsboro with the executive officers of the district society to formulate plans.

At a recent meeting of the Lenoir County Society Dr. George L. Edwards, Jr. was selected as president and Dr. Britton F. Beasley is secretary-treasurer. This society is still actively participating at the Kennedy Memorial Home where dental services are rendered the children there.

Dr. Donald L. Henson of Kinston was in charge of promoting Children's Dental Health Week. The newspapers and radio stations cooperated generously and Dr. George L. Edwards appeared on a radio program for this event.

Dr. Maurice E. Newton, who has been serving a two year tour of duty as a Major in the Army Dental Corps, is planning to return to Chapel Hill to resume his practice in June.. Mrs. Newton and their three young daughters have been residing at Fort Meade, Maryland while Dr. Newton was assigned to that Post.

Dr. James Caudle will resume practice in Greensboro in April after serving in the Army two years. His tour of duty included nine months in Japan and eleven months in Korea.

Commander W. R. Hinton of Greensboro is now at Camp Lejeune with the Navy Dental Corps. He should be out of the service in May.

Dr. Royster Chamblee of Raleigh has now limited his practice to Periodontia, and has joined the faculty at the University of North Carolina School of Dentistry on a part-time basis.

It is rumored that Drs. Thomas Hunter of Henderson and J. M. Pringle of Fayetteville will receive their calls to military service very soon.

Dr. Charles Kistler has returned after a tour of duty with the Army.

Newcomers to Raleigh are Dr. Burkhead Ledbetter, who has opened an office in Cameron Village and Dr. Richard Hunter who is associated with Dr. Henry Ligon in his new office at St. Mary's Street.

The Fourth District Dental Auxiliary will entertain their husbands at a picnic in April. Dr. Sanders has invited the group to meet at his lake in Benson.

Drs. Williams, Tucker and Zealy and their wives attended the American Dental Association meeting in Miami. On their trip home the Tuckers and Zealys visited Dr. H. A. Baughan of Avon Park, Florida. Dr. Baughan was formerly in Mount Olive.

Dr. and Mrs. S. D. Poole and their son attended the Orange Bowl game in Miami New Years day.

Drs. Mett Ausley and James Lee attended the postgraduate course in Periodontia given at the University in March.

Dr. E. R. Warren of Goldsboro has been a patient at the North Carolina Memorial Hospital in Chapel Hill.

A new appointee to the staff of the Duplin County Hospital is Dr. Mett Ausley.

Dr. and Mrs. Lawrence Angus Cameron, of Saint Pauls, proudly announce the birth of a son, Lawrence Angus, Jr., born February 28. Dr. Cameron was president of the U.N.C. Dental School's first graduating class, and is now busy planning an alumni meeting to be held in Chapel Hill sometime in April.

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The JOURNAL

OF THE



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CHAPEL HILL, N. C.

AUGUST, 1955



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Of The

North Carolina Dental Society

Component of the American Dental Association

Containing the
PROCEEDING

of the
Ninety-Ninth Anniversary Meeting
at the

CAROLINA HOTEL — PINEHURST, NORTH CAROLINA
May 15-18, 1955

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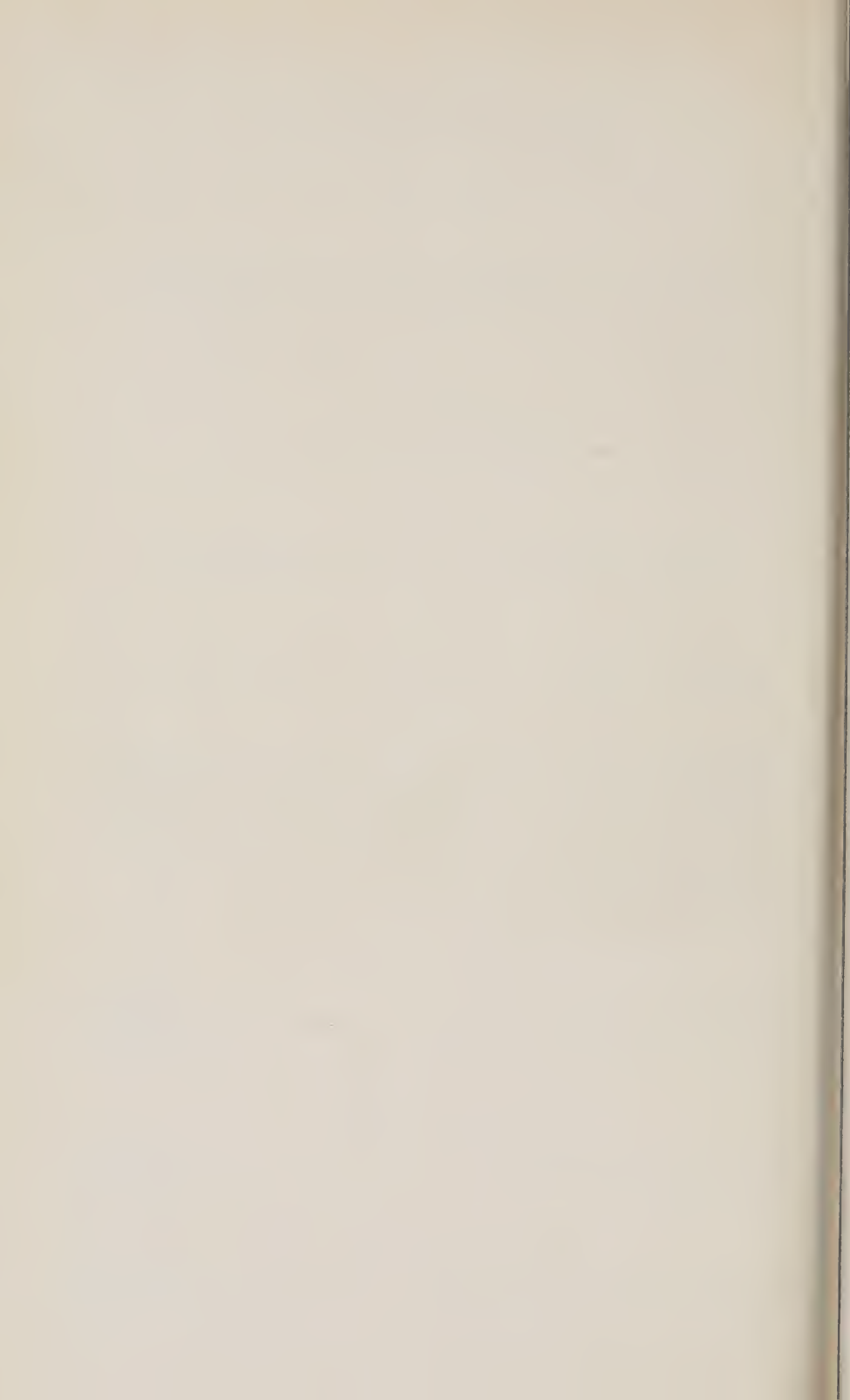
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DR. BERNARD N. WALKER
CHARLOTTE, NORTH CAROLINA

President
North Carolina Dental Society
1954-1955

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Frances Ellen gets the first dance with daddy, president Walker.

REPORT OF
THE PRESIDENT

Report of the President

B. N. Walker, Charlotte

Charlotte, N. C.

May 1955

Dr. Thompson, fellow members of the North Carolina Dental Society and guests, it has been a signal honor and pleasure for me to be president of this society as it nears the completion of a century of growth and service not only to the dental profession but also to the citizens of our great state of North Carolina.

Ninety-nine years ago the founders of this society felt the need of such an organization. The many accomplishments that dentistry and the North Carolina Dental Society have made over the years reflect the scope of their vision. Dentistry during this period has grown from a haphazard trade to one of the most respected of all professions.

The faith that was reflected by the founders of this society must be reaffirmed by us again and again. We too must assume our share of the responsibility that always comes with growth and maturity. We too must have the vision to plan for the years ahead, not only for 1956 and 1957 but also for a more distant future. The planning that we do now is a direct indication of our faith in ourselves, in our profession, and in the growth and future of North Carolina and the United States. Therefore it behooves us to plan wisely and well in order to continue the advancement of our profession.

May we first consider the past year's accomplishments. My five years of service to this society in an elective capacity have, I feel, given me an education and insight into the problems and needs of this organization and the district societies. That experience has been invaluable to me this past year as your president. It has therefore been my aim to identify my administration with a theme of education, not only education in the field of dental science but also in the broad field of assuming a part in the education of our lay public in preventive dentistry.



President Bernard Walker opens the ninety-ninth Anniversary meeting of the North Carolina Dental Society.

We have met every challenge and have gone forth to cooperate first with the Dairy Industry, second with planned committee assistance for Children's Dental Health Week, third by coordination and cooperation with the Division of Oral Hygiene. Fourth, we have met and worked with the North Carolina Medical Society to formulate a better and more acceptable public health program. Fifth we have established a committee to stimulate and encourage in every way the fluoridation of community water supplies. Sixth we have participated in three large rural health conferences, in each of which dentistry was given a large part on the program. We have given, aid, advice, time and effort to bring to the attention of the citizenry a more enlightened program of dental education.

This year I have asked the chairmen of the various committees to send in their reports early, if possible, so that I could review the work which has been done and the recommendations which they have to make. In order that we may profit by those reports, this, my presidential report or speech, whichever you care to call it, will have been sent to each member of the House of Delegates for his study and consideration prior to our meeting. Thus at your leisure you may consider the stewardship of your officers and executive committee for the past year and be prepared to act on any matter of importance to the society. In this way much valuable time may be saved in transacting the society's business.

All members of the society should already be well acquainted with the study and reports which have been made this year by the officers and executive committee concerning the establishment of a central office and the employment of an executive secretary. This problem has been

discussed for several years and many before me have recommended it. I wish to go on record as urging that this step be taken.

The North Carolina Dental Society has grown too large for two individuals, a president and a secretary, to handle all the administration and housekeeping on a voluntary basis. The job is too big and the responsibility too great to expect any member to sacrifice his time and consequently money out of his pocket to protect and further the interest of the dental profession as a whole. We need to employ an executive secretary to handle such routine matters as correspondence, records, accounting, and keeping up-to-date address lists.

There is also a need for better communication between the society and its membership in order that each member may know more about what is taking place in the districts and the local societies. At one time it was true that the districts were the important cogs in the society, but today the local societies throughout the state are the real workers. An executive secretary would provide the answer to this need.

Now may I call your attention to the remaining reports of the committees of the North Carolina Dental Society and then make my other recommendations.

The Editor-Publisher of the Journal of the North Carolina Dental Society has served and has attended at his own expense all of American Dental Association conventions, as well as his own state and district conventions during his term of office. The society owes him a debt of gratitude for the excellent work he has performed and his devotion to duty. The Executive Committee has approved unanimously the recommendations which he submitted at its meeting September 19, 1954 and published in the January 1955 issue of the Journal. I wish to direct your attention to his recommendations in his annual report and urge their adoption.

The Rural Health Committee has this year done an outstanding job and achieved much for dentistry. It takes several years for this committee, like some of the other committees, to work its projects up to a point where they are productive. Therefore I would urge that this committee's recommendation be approved and that it be asked to serve another year.

The Advisory Committee for the Veterans Administration has this year cooperated with the District Veterans Administration's office in settling a case concerning one of our members. This could have been a serious affair as far as the individual dentist was concerned. I would like to stress the importance of the recommendations of this committee and warn each of you that the members of the dental society who participate in the Veterans Administration's out patient program must realize that this is contract government work and that they are liable for prosecution in the event of fraud, falsifying or misrepresentation. The recommendations of this committee are of such importance that they will bear repeating here.

1. Complete all work exactly as stated on the voucher. Do not *substitute* unless permission has been obtained from the Veterans Administration. This does not apply where it is necessary to extract a tooth that was marked to be restored.

2. Do not mail in vouchers as being completed unless work is finished. If time limit expires, get extension.

3. Do not change work from that authorized and make additional charge to veteran for the changes.

When in doubt as to how to proceed write the Veterans Administration.

The Insurance Committee has this year done an excellent job in securing enough members in the society to enroll in the A.D.A.'s insurance plan, so that many who have had physical disability histories could secure this coverage. It is still the opinion of those of us who have investigated sick and accident insurance policies that the A.D.A.'s plan is a good supplement to one's insurance plan, but that the North Carolina Dental Societies' own policy is the best for first protection. I strongly urge that each member who takes out any policy read it thoroughly and acquaint himself fully with the coverage.

The Fluoridation Committee has this year done a great amount of work and much remains to be done. This committee has worked with many local societies in the state this year. Educational work of this nature must of necessity be on a local level with the state committee lending all the aid that it can. I ask you to give this report of the Fluoridation Committee your attention.

The Public Relations Committee this year has endeavored to set up some pattern that in the future will be productive. Here again we have a committee that has no limits as to its area of responsibility; there is over-lapping, and duplication. In spite of this handicap, this committee has done an excellent job and has a report that deserves study. I appreciate the recommendations and believe that the society should provide a definite amount of money each year for use by the Public Relations, Publicity, Rural Health and other committees that need money to help present our profession and the problems of dental health to the public.

In the committee set up in the North Carolina Dental Society there is much overlapping of duties and sometimes there is confusion, duplication or direct omission. Therefore it is my opinion that our society should review the by-laws as they relate to the committee structure. Unless this structure is revised periodically, it is likely to grow haphazardly with the result that it becomes a many-legged animal trying to go in too many directions at one time. I very strongly recommend that a committee be appointed by the incoming president for the purpose of evaluating the numerous committees that now exist in our state society. As many of you know there are many committees that have outlived their usefulness over the years, while new committees are being appointed each year to meet new needs of our society. A study of this problem by a competent committee could result in making our society more efficient in its operation through the elimination of non-functioning elements and the creating of new committees to help in the problems that arise from the growth and development of our society.

With all these facts and reports in mind I respectfully submit the following recommendations:

I. That a Convention chairman be appointed to facilitate and coordinate arrangements for the annual state meeting. This year both the

Program Committee and the Arrangements Committee have made similar recommendations.

II. That a budget committee consisting of the president, president-elect, secretary-treasurer, the three members of the Executive Committee and the immediate past president be formed to prepare each year the proposed budget for the society, and that this proposed budget be presented to the House of Delegates for its consideration and approval. The immediate past president could be named chairman and act only in an ex-officio capacity. His previous experience could be of great help in this planning.

III. That the dues of the state society be raised from ten to twenty-five dollars in order that this society can function as it should on its own and with no financial drain on the officers who gladly give of their time and talents.

IV. That any member appointed from the North Carolina Dental Society by the Legislature to a State committee or commission be required to make a written annual report to this House of Delegates.

V. That a central office be set up and an executive secretary be employed by the North Carolina Dental Society.

Any society is dependent on its working members for its success, and the North Carolina Dental Society has a wealth of workers. In closing I wish to thank all of the committee chairmen and members for their loyal efforts this year. My special gratitude goes to our secretary-treasurer, Dr. Ralph Coffey, and to our editor-publisher, Dr. Marvin Evans, for their excellent work.

REPORT OF THE COMMITTEE ON THE PRESIDENT'S ADDRESS

Your committee on the President's Address begs leave to report we heartily commend and congratulate our hardworking and capable president for his fine services to our Society during the past five years, and especially this immediate past year. We are grateful for each officer and committee member who has served with President Walker's leadership.

Regarding our president's recommendations:

Recommendation 1. That a Convention Chairman be appointed. In view of the possibility of an Executive Secretary being selected, we feel this appointment is not necessary now.

Recommendation 2. We agree that the immediate Past President may be added to the present Executive Committee in an ex officio capacity, if the Constitution and By-Laws Committee approves.

Recommendation 3. The committee concurs in raising dues from \$10 to \$25 for employment of an Executive Secretary.

Recommendation 4. The committee concurs in the suggestion that any member of the North Carolina Dental Society appointed to any committee or commission by the Governor or his authorized agent, wherein dentistry is directly or indirectly concerned shall be required to make a written report to the House of Delegates of the North Carolina Dental Society at its annual meeting.

Recommendation 5. The committee concurs in this recommendation, provided sufficient funds are available.

LEADERSHIP
IN
DENTISTRY

Leadership in Dentistry

Daniel F. Lynch, President
American Dental Association

Mr. President, Dr. Minges, Mr. Trustee, and Friends: I am glad to be with you, in North Carolina and I am especially pleased that immediately following this session, your House of Delegates is going to meet. I have something of great importance I want to say to each and every delegate and to each and every member of the North Carolina Dental Society, and to their wives and to their friends also.

Yesterday, I had the pleasure of spending the entire day at Chapel Hill, inspecting and admiring your new dental school. You should take pride in this school, because it is one of the finest. It was a privilege and a pleasure for me to see it. This school has been made possible because you have been progressive and unselfish, and have been willing to work together to create a great school.

Perhaps, tonight, when the chairman of your Dental Foundation reported the fact that you have pledged \$100,000 to advance the interests of dentistry and the school within this great state, you did not realize that there were certain intangible values that came to the dental profession as a direct result of your pledges. You got much more than you bargained for, because yesterday, Dean Brauer told me that as a result of the forward, the unselfish, and the progressive attitude of the dentists of this state in pledging the first \$100,000 to the Dental Foundation, the president and the administrative staff of the University of North Carolina were greatly impressed. As a result of their respect and high regard, they have given the greatest possible support to dental education at the university. Gentlemen, to me, that is the greatest compliment the dental profession of this state could have. You did not seek it. You started out with another goal. However, in doing good work, you have achieved something additional that sets you apart from other professions within this state and especially at the university.

I have a suggestion to make. I should like to see this Dental Society take a vote tonight to send to each member of the North Carolina State Legislature a copy of the catalog of your great dental school. Let them know that the dental profession is proud of the school and of what is

being done in dental education. I believe if you will do this, you will do something for dentistry with the very people who can help and aid our profession. I know they will be proud of their dental school also.

It is a pleasure and a privilege for me, as president of the American Dental Association, to bring you the official greeting of the officers and members of the Board of Trustees of the American Dental Association. I should like, particularly, to commend your president, Dr. Bernard N. Walker, and his able and willing associates who have made this great meeting possible.

Dr. Howard Higgins, the American Dental Association Trustee representing the Fifth District, has just given you a fine report of the activities of the American Dental Association. He could only touch on a few, but I should like very much to urge you strongly to support the activities of the American Dental Association, because it is your association, speaking for you on a national level. However, more particularly, I should like to urge you, each and every one of you, to become interested in leadership—leadership outside of your office. There is no doubt in my mind but what each of you, every day bring commendable credit upon our profession by the quality of work in your practice. However, never forget that the objectives of the American Dental Association are, first, to improve and protect the dental health of the American people and, second, to advance the art and science of dentistry.

Today, we are a strong, united, scientific professional organization of more than 83,000 members. Our recent work is an example in the United States as to what a united profession can do. We have the highest per capita membership of any voluntary professional organization in the world. We know that this is true within the United States. On April 5 of last month, I had the pleasure of telling that to President Eisenhower, when I had lunch with him, and several other members of other professions at the White House. I was proud to be representing the great profession of dentistry.

As dentists, we have a dual obligation. We have the obligation to be good professional men. However, before that, we have the prime obligation of being good citizens. We should participate more in the everyday activities of our government if we are to remain a free and strong democracy. You know and I know too many of our members who are afraid of the word "politician." I have had the word "dental politician" thrown at me in a derogatory sense many times and all it ever did was to bounce off my chest and make me proud that I was a dental politician. I would be proud of you, too, if you were more of a politician in the interest of our profession. We need your individual contribution.

Therefore, tonight, I urge you to become interested in civic affairs and to take greater personal interest in them. Do not let George do it alone. Each of you has the obligation to participate in affairs of your government on all levels.

Tonight I shall try to blueprint what you can do. For example, take civil defense. This is one field in which dentistry has a prime obligation, and I doubt very much that most of you are aware of what we are

doing today. For instance, are you on the mailing list to secure the Newsletter which Dr. Russell Bunting and his staff are sending out every month? If you are not, please write to Dr. Russell Bunting, Dental Director, Civil Defense Administration, Battle Creek, Michigan, and ask him to put you on his mailing list. It is important that you know in advance what you should do, and what your place is in the overall pattern from mass casualty care in the event of atomic attack. How you will conduct yourself at that time may have a bearing on the future of our profession—especially in the public's regard.

There is a third course of instruction that is to be given for dentists at the school conducted by the Civil Defense Administration. It will begin November 16, at Battle Creek, Mich., and each of you is eligible to attend. There have been two other such courses. The last time, seventy-six dentists from the United States and Canada attended. I have not met one man who has taken the course, who has ever been sorry that he did. I would urge you to take this course.

I also urge you to participate, not only in civil defense affairs, but also in the other works of our nation. I want you to become interested in our government—actively interested. I will read to you a statement which was made by the late Senator Lester Hunt of Wyoming. He said: "Unfortunately, my observations lead me to believe that there is, to some extent, an attitude of indifference in our profession toward public service, or active participation in the government; or perhaps a better word is 'politics.' Aside from the needs of our profession to be represented in all branches of our government, especially the legislative branch where we might direct legislation specifically affecting our profession, I might point out that all great factors which determine peace or war, the matter of taxes, monetary policies, policies of production and distribution, health services, social benefits, industrial security—these and a hundred other important factors—are the product of the applied science of government."

You, of course, are very fortunate in this state, in having a great leader, a great legislator and a great dentist, Paul Jones (applause), but there should be more Paul Joneses. Do not leave it to Paul to do alone. In the daily life of every citizen, there is scarcely one hour or one activity not affected by what our political leaders in the executive and administrative branches of our government determine. Therefore, you can see why I believe public service is such an important activity to which every person can, and, I feel, should, devote his talent and his character. In so doing, public service in our government would be greatly improved.

Statesmen should not be confined to a few leaders, but should also include each and every person who gives honorable and dedicated public service in public affairs. Thus, my friends, it just does not make sense to devote 1 per cent of our time to something that affects 99 per cent of our lives.

It occurs to me, also, that those who would not participate in government should, perhaps, be the last to be critical of those who do

take an interest and give their time and talents. Thus, I am urging you to give more than 1 per cent of your time to civic affairs. Regardless of what you are doing now, increase it.

Last year in the United States, more than one billion, 300 million dollars, was spent for dental health care, plus another 100 million spent by the federal government for dental care for the Armed Forces, the Veterans Administration, and other recipients, and yet at the same time our government only spent two million dollars for dental research. That is less than 1 per cent of the total amount of money appropriated by this government for health research. You can change this situation by writing to your congressman about it. The American people are interested in good dental health. Last year they spent 156 million dollars for dentifrices alone. In 1932, only 22 per cent of the American people went to dentists regularly. Last year, our Bureau of Statistics found that more than 44 per cent of the American people go to dentists regularly—an increase of 100 per cent in just over twenty years. That's a great record.

Are we as individual dentists aware of what is going on? Are we up on our toes all the time? Are we doing all we should? For instance, here is a little but important thing. Do you know your congressman personally, and does he know you? Do you know your senators? Do they know that you are a dentist and do they know that you are interested in what they are doing for you every day in Washington? If they do not, it is about time that they should. Write to your congressman tonight. Tell him to put you on his mailing list to receive a copy of every bill that is introduced into the Congress that affects the health of the people. There are more than 350 health bills introduced annually. You should know what those bills are, and you should write your congressman your opinion concerning them. This is one form of leadership in which every dentist can participate. Do it tonight!

I should like to talk to you more about the American Dental Association, and the great work we are doing. Dr. Higgins has told you something about it, but there are many more activities and services which we offer you. Because of an operating budget of more than two million dollars a year, we can do things today that we could not have done ten years ago. For instance, as Dr. Higgins has told you, we are adding to our office space in Chicago. We are putting on an addition to our present building that is costing us a million dollars or more. We need it, because we have 147 full-time employees, specialists in various fields of endeavor who are working under crowded conditions. These great loyal people, these hardworking people who work under the able direction of our great secretary, Dr. Hillenbrand, need additional space in which to work for us.

Again, I should like to urge you—and I should like to say this especially to the members of your House of Delegates—the American Dental Association has total assets of more than three million, 500 thousand dollars, and there is no reason in the immediate future, that I can see, why we should raise our dues. However, I believe that the component societies and the constituent societies of this great organiza-

tion should raise their dues in order that they may be able to move around more effectively and do more active work at the grass roots, at the local level. It is at the local level that you can do effective work cheaper, better, and more efficiently. Do not take my word for that. Just remember, Congressman Harness, from Indiana, when he was in the Congress, made a survey—it is a matter of record; you can get a copy of it by writing your congressman—which showed that for every tax dollar that goes to Washington, only 16 cents of it ever gets back to the states. Therefore, why send all our money to Washington, or to Chicago, or to any place else? Let us keep enough of it at home to do a good job at the local level.

Somebody has said that charity begins at home. I believe that all good work begins at home. However, when you begin to work, and you want to do the right thing, what should you do first?

Well, the first thing to do is to get correct information. There are many people functioning in this great country of ours with incorrect information, perfectly willing to accept gossip from anyone as authoritative information, and then, they function on it. All they are doing is compounding their problems one on top of the other, on the basis of misinformation. It's a shame.

The American Dental Association, through its expanded programs, is trying to give you the sources of correct information. First, through the News Letter that is published every fifteen days. Every dentist can and should subscribe to it for a dollar and a half a year. Second, we put out special news bulletins on various issues which apparently no one reads, or, at least, very few people read; otherwise, we would not have the current confusion and misunderstanding about some of our problems. Then we have our Journal, which is the finest dental journal in the World. Yet, I often see it in dental offices without the wrapper being taken off! What can I think of my friend, the dentist, who has last month's Journal with the wrapper still on? Of course, I am too polite to tell him what I think about him.

We have a new publication coming out in January, the American Dental Association's abstract or digest journal, which will sell for six dollars a year. It will sort of spoon feed to the profession the latest news on dentistry in all parts of the world. I am hopeful that will be helpful in our endeavors to give the profession current and correct information.

Before I finish, the one thing I should like to say to you, is that the American Dental Association is one of the greatest democratic professional organizations in the world. It functions from the bottom up, and not from the top down. It will always function that way, and I want you to help keep it functioning that way by your personal interest. Dr. Higgins has told you that there is not a dentist in the United States who cannot be heard in the policy-forming branch of the American Dental Association, the House of Delegates. If you have a bee in your bonnet, or if you have an idea, go to San Francisco next October 17 and on Tuesday, go to any reference committee you want, and as a dues-paying member, you can be heard on any issue that interests you. I will be interested in seeing how many of you are there.

It is important for us, as individual dentists, to assume more personal responsibilities in our organization. We have lots of problems today and I want your help. But first let me say, I am sorry to talk to you the way I have to talk to you. You are the saints, you come to the congregation and you listen. You are to be congratulated and encouraged. However, I would like to talk to the sinners who are not here. You can help me to reach them. I am going to ask you to be my missionaries, and I want you to get out and tell these other good friends of ours who are not here, what I am telling you tonight. With your help, we can do wonders, and I am asking your help. However, before you begin to talk, be sure you have the correct information. Remember I have already told you where you can get correct information.

I picked this news item up the other day, and it applies to dentistry as well as to business. It said, "No longer does the man who works his way up in a business necessarily qualify for a top executive position in that business simply by virtue of his hard work or his knowledge of the various techniques involved in each job. Economic, social, and political changes in our modern society have forced him into a position of public leadership, have forced him to recognize and to comprehend the various influences and changes and problems of the nation and the world around him. The modern businessman not only must have knowledge and proficiency in a special field, but must widen his scope to many fields and many phases of human behavior."

So it is with our profession. The dentists of this great country must stir themselves now, before it is too late. First, they must become correctly informed, and this means reading source material. Where do you get it? You can get it through the American Dental Association. You can get it through your congressman, by being put on his mailing list. You can even become a full, rounded man by going to your city library and asking your librarian to suggest cultural books for you to read. Furthermore, since you have this great university at North Carolina, you can take special courses there. I am sure that Dean Brauer, through his contacts with the university-at-large, would be glad to arrange special courses in the fields of economics, social science, political science, history and philosophy, to mention only a few. With such knowledge and current information, the dental practitioner would become a full, rounded and well informed member of his community.

I said there are lots of problems. I will mention only a few. What are some of them that are troubling us tonight? Well, there are the problems of the proper relations with the ancillary groups in dentistry. There is the problem of the proper, broader, and correct use of ancillary personnel. Then there is the problem of continuing and proper relations with other professional, scientific and civic groups, particularly our Congress.

I say there are these relationships that should be handled properly. Why? Because out of them have grown some of our current problems. For instance, there is the problem of the definition and scope of oral surgery. There is the problem of the special place of dentistry in the hospital. There is the great problem of whether a dentist shall be given

the right to continue to practice anesthesiology in his practice of dentistry. These deal, quite properly, with our relationships with the medical profession.

Then there is the matter of OASI, and for the uninformed, that is Social Security. I mention that because, just two weeks ago, I was in Portland, Oregon. I was at a meeting, and as I was walking out with the trustee of that district, Dr. Renouard, there were two gentlemen in front of us.

One of them said, "You know, I don't know why that guy Lynch didn't talk about Social Security."

Dr. Renouard leaned over and touched him. "Listen my friend," he said, "are you in favor of Social Security?"

"Sure, I am."

"Lynch talked about OASI for ten minutes, and you're in favor of it, and you don't even know the name of it."

There are lots of people in our country, today, who are like that. They are in favor of or opposed to things without adequate knowledge and sometimes they do not even know the names of the issues that concern them.

OASI is one of the big issues that worries me, because it is dividing our profession—unnecessarily. Whether we participate in Social Security or not is a personal responsibility. However, in considering Social Security we must consider it from the broad concept. Is it good for our profession in the long run. Is it good for our country? We must not consider it from the angle that everybody else is getting something for nothing from the government so why not the dentist. Who is the government? When I last left Washington, it was us—you and me. Well, it is hard for me to get something for nothing from myself. I always have to pay.

There is also the matter of the manpower problem in the Armed Forces, and so, we have the doctors' draft.

Then there is the problem of the fluoridation of the community water supplies.

These last three things, OASI, dental manpower in the Armed Forces, and fluoridation, involve the continuing and proper relationships with Congress and other government agencies.

Then we enter the field of labor groups with dental programs. Such programs are in effect on the west coast, in the states of California, Oregon, and Washington. Soon they will be in North Carolina. Are you prepared to meet the challenges of these new programs with their great implications for our profession and its future? I would advise the great State of North Carolina to appoint a committee, tonight, which should begin to study the philosophy back of all these programs. I can tell you that the labor union people on the west coast showed the dental professions on the west coast that they know more about dentistry than we know about labor unions.

Then there is the matter of the illegal practice of dentistry in all the states, and why it exists. It exists because the dentists generally

are not interested, except when it touches them personally. They are not willing to see to it that their state boards of dental examiners get on the ball and prosecute these people. And, furthermore, they are not willing to furnish the funds to provide for the cost of investigation, nor are they willing to devote the time or energy necessary to prosecute these people. Thus, through lethargic attitudes, negligence, selfish interests, and other factors, the illegal practice of dentistry continues. What are you as an individual going to do about it?

Recently you received a letter from me about the work of the American-Korean Foundation. The American dentists are being asked to help rehabilitate the dental profession in Korea. This is a great opportunity for the dentists of this country to participate in international relations.

I want to congratulate you on your work in contributing to the American Dental Association's Relief Fund. You have done a grand job.

I could go on, and talk about many more topics but time is late, and your House of Delegates has to start pretty soon. I could give you a full lecture on practically everyone of the things I mentioned. However, time only allows me to give you just a few suggestions.

First, I would say to you, as a professional man or woman, develop a philosophy of life, so that you know what you want to do, and why you want to do it. I would suggest that you examine your conscience on all of the issues that beset our profession. To examine your conscience properly, you must have the facts; you must have the correct facts. If you cannot get the correct facts from any other source, write me, in Washington, D. C. You will find my name in the American Dental Association Journal. I will send them to you.

Having gotten the correct facts, and having examined your conscience, kneel down and pray for guidance, so that you will act for the interest of our profession. It has been plain, simple, sincere men who have made this profession the great profession it is. We have pulled ourselves up by our own bootstraps, and we are only going to continue to advance through the continuing honest efforts of each and every dentist. You must do your share.

Thus, as a final thought, I should like to urge each and every one of you to take a more active part in the affairs of organized dentistry, from your local society right straight up through the American Dental Association. There is need for your help and your advice, and there is room for you. I fully believe that the great strength of our profession as well as our nation, stems from the grass roots. I invite you, each and every one of you, to assume your share of responsibilities so that our profession may continue to grow, and to progress in the service of the people. Until every dentist makes it his business—and I cannot emphasize that enough—to work for the common good, our profession will suffer in the public esteem.

The people look to us for dental leadership in their interest. The American Dental Association is dedicated to serve the people. That is the only reason we exist as an organization. It simply remains for you, as an individual, to find your place in the line and to work wholeheartedly for a program of better dental health for the American people.



The annual Golf Tournament always has a number of enthusiasts on hand to compete for the trophies and prizes generously donated by the dental laboratories and supply houses. Ready to tee off are: Dr. C. B. Hall of Washington, D. C.; Dr. Tom Smith of Havelock; Mr. Henry Swanzey, Charlotte; Dr. Darden Eure of Morehead and Dr. C. C. Gooding.

REPORT OF THE
FIFTH DISTRICT
TRUSTEE

Report of the Fifth District Trustee

Howard B. Higgins

Spartanburg, South Carolina

It is indeed a pleasure to be with you as the representative of this district from your American Dental Association.

I bring "greetings" to you, and best wishes. You and your state membership, and your work progress in the year, are to be congratulated.

Also, you, a branch of the American Dental Association, have increased your membership. I firmly believe the increase in membership is because our Association gives to you and you, in turn, receive something from organized dentistry, and in its way, it enables you to be of better service to mankind. It is on these bases that we must continue to increase our services, our duties and our responsibilities to our profession and to the general public.

May I mention at this time the membership of the student or junior members of the American Dental Association. This membership is increasing. We have approximately 13,000 students that are now in the forty-three dental colleges of America. Approximately 9000 of those students are members, and I wish to congratulate your state and your school for a 100 per cent enrollment, in regard to your membership. It is the boys, the young men, that start in the field of dentistry who will take your place as the years go by. I have the greatest faith, confidence, and respect for the young men, and for the men that help to form, direct, and instruct and build from those student members, the future members of the American Dental Association.

I should like to mention the financial condition of the American Dental Association. At present you are an organization with an income of a little over two million dollars. At this time, there is a rebuilding program at the home office. With the increase of our membership and with other increases of duties and responsibilities to the members, it has been necessary for the home office to expand. In this building program, a few years ago \$500,000 was set aside as the first start to the building fund. Today, this rebuilding program will cost a little over a million dollars, and as it progresses this balance of the building program will be taken from the general operating expense, not bothering the general reserve fund.

In regard to our annual session in California this fall. The scientific program meets October 17-20. Also, your House of Delegates; it is the official and governing body of your Association. On Tuesday when that House of Delegates meets, there will be an open session of the reference committees pertaining to the different things and policies which your

Association sets up. You, as a member of organized dentistry, have a right to appear in that committee and express your viewpoints, your ideas, your beliefs. This I encourage you to do. By such action as this, by expressing to them your ideas and wishes, you help to form and direct and set the policies that govern your Association.

If, in any way as your Trustee, I can be of aid to you, I am only too glad to do it. I serve and represent each of you, and it is your wish that I wish to recognize.

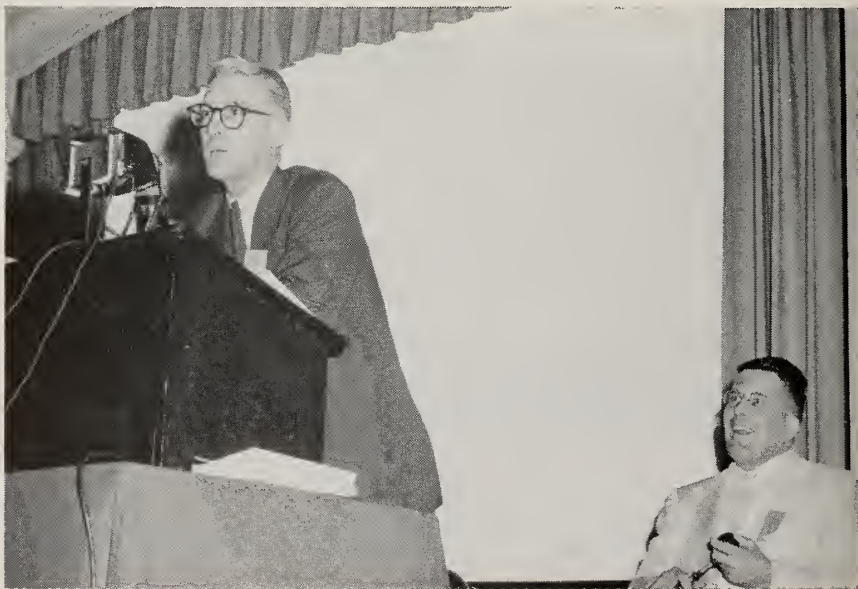


The North Carolina State Unit of the American Society of Dentistry for Children met on Sunday afternoon and heard Dr. Ralph Sommer, left, speak on "Accidental injuries to young permanent teeth and their management." Others shown are Drs. J. B. Freedland, Charlotte; Walter McFall, Asheville; and W. W. Demeritt, Chapel Hill.



Dr. Horace K. Thompson, vice-president, acknowledges his unanimous election as president-elect for the year 1955-1956. Dr. Thompson is from Wilmington and a member of the Fifth District.

Dr. Ralph Coffey acknowledges his unanimous election to the office of secretary-treasurer — for the third time.



OBITUARIES

Obituaries

O. L. Wilson, D.D.S.
Leslie James Meredith, D.D.S.
Thomas Duke Morse, D.D.S.
William Ralph Aiken, D.D.S.
William W. Bowling, D.D.S.
Edward Anthony Troxler, D.D.S.
David Millard Tuttle, D.D.S.
Reed T. Goe, D.D.S.
William C. Mercer, D.D.S.

O. L. WILSON, D.D.S.

1874-1954

Dr. Wilson was born in Wakefield, Virginia in 1874. He spent most of his boyhood days in Norfolk, Virginia.

After attending college in Richmond and Baltimore, he received his D.D.S. degree and started his practice in LaGrange, North Carolina. After a few years of practice, he married Almata Kennedy and moved to Dunn, North Carolina. He practiced his profession there until 1912 and moved to Kinston.

Dr. Wilson was a member of the Methodist Church and served as a member of the choir for over forty years.

A devout Christian, a man of will and determination, he raised a family of five children who survive. His wife lived three weeks to the day after his death.

He loved his profession and served with diligence and care and high ethical standards for fifty-eight years. Regardless of an operation and malignancy prior to his death, he worked in his office just several days before his demise.

Greater love for his profession and fortitude of strength hath no man, and Dr. Wilson will be loved and missed by all that knew him.

Dr. Herbert Spear

LESLIE JAMES MEREDITH, D.D.S.

1887-1954

Dr. Leslie James Meredith was born in Bladen County August 16, 1887.

He received his early education in the public schools and the Cape Fear Academy in Wilmington, North Carolina. He received the degree of

Doctor of Dental Surgery from the Atlanta Southern Dental College in 1912. He married Miss Dixie Curtis in 1934.

The first two years of his practice were in Wilmington except for two years served in World War I. He served as Captain of the Dental Corps, U. S. Army, 30th Division, General Dentistry and First Aid office battle engagements.

Dr. Meredith was a member of the Fifth District Dental Society; a member of the American Dental Association; a staff member of the James Walker Memorial Hospital; and also a member of the First Baptist Church of Wilmington, North Carolina.

Dr. Horace K. Thompson

THOMAS DUKE MORSE, D.D.S.

1904-1955

Dr. Thomas Duke Morse was born in East Bend, North Carolina, July 31, 1904. He was the son of the late Mr. and Mrs. J. E. Morse.

He received his education at the school of East Bend, Trinity College, Guilford College, and was graduated from Atlanta Southern Dental College in 1928.

Dr. Morse was a member of the District and State Dental Societies. He was a member of the Methodist Church of East Bend, North Carolina.

He was loved by his patients and many friends. He rendered a valuable service to the profession and the community in which he lived. Dr. Duke will always be remembered for his kind and friendly disposition.

Dr. Ralph H. Herman

WILLIAM RALPH AIKEN, D.D.S.

1900-1954

Dr. Aiken was born in Weaverville, North Carolina, September 19, 1900, the son of Mr. and Mrs. J. P. Aiken.

He attended the Weaverville Elementary School and Weaverville College. He was graduated from the Atlanta Southern Dental College in 1927.

While in dental school, he was a member of the North Carolina Club and the Square and Compass Club. He made an enviable college record and was known as one of the best operative men in the class of 1927.

In 1932 he was married to Miss Mamie Wagoner of Biltmore, North Carolina, and two sons were born of this union, William Ralph, Jr., and George Leonard.

Besides being a most active member of his dental organizations, he was active in the civic, religious, and social life of his community. He was an Elder in the Kenilworth Presbyterian Church of Asheville, North Carolina. He was a member and past president of the Asheville Dental Study Club, the First District Dental Society, The Buncombe County Dental Society, the North Carolina Dental Society, and the American Dental Association. He was a member of the Mount Herman Lodge of

Weaverville and a member and past president of the American Business Club of Asheville.

Dr. Aiken had a large and always-increasing clientele. He established his practice in Asheville upon graduation from dental college and had offices in the Flatiron Building and later in Biltmore, North Carolina.

He was an excellent citizen, a devoted husband and father, and always one of the leading dentists of Western North Carolina.

Dr. Walter T. McFall

WILLIAM W. BOWLING, D.D.S.

1904-1954

Dr. William W. Bowling was born March 10, 1904, in Durham County. He died suddenly and unexpectedly on October 23, 1954.

Bill, as he was known by his many friends, was a member of a family of doctors. His father, now deceased, was a physician of the old school and performed his early duties in the fondly remembered horse and buggy. One of his brothers, now also deceased, followed in his father's footsteps and practiced medicine in Durham and Atlanta, Georgia. Another brother is living in Washington, D. C. His youngest brother, Howard X., is practicing dentistry in Durham.

Dr. Bowling was a graduate of Durham High School and attended the University of North Carolina for three years. He received his dental training at Atlanta Southern Dental College and was graduated in 1932. He was a member of Psi Omega Fraternity .

He received his license to practice dentistry in Georgia and North Carolina in 1932, and returned to his native state in the same year, and had practiced general dentistry in Durham since that time.

He was a member of the Watts Street Baptist Church. His warm interest in people was evidenced by his participation and membership in the Durham Exchange Club, B.P.O.E., and Durham Masonic Lodge No. 352. However, his hobby during recent years was boating.

He is survived by his widow, Mrs. Agnes Paulk Bowling, and two daughters, Catherine Anne, aged fourteen, and Billie Jean, aged twelve.

Bill will long be remembered and missed by the dentists of Durham and North Carolina.

Dr. Guy R. Willis

EDWARD ANTHONY TROXLER, D.D.S.

1888-1954

Dr. Edward Anthony Troxler was born near Brown Summit, Guilford County, North Carolina June 27, 1888, the son of George Russel and Sallie Cobb Troxler.

He received his early education in a rural high school, and later entered Whitsett Institute, where he was graduated in 1910. He entered the College of Dental Surgery, University of Maryland, in 1911, and

was graduated with the degree of Doctor of Dental Surgery in the class of 1913. In 1916 he was married to Miss Mabel Riddle White of Reidsville, North Carolina.

Dr. Troxler practiced general dentistry in Spartanburg, South Carolina, Reidsville, and Burlington, North Carolina. In 1924 he entered Dewey School of Orthodontia, New York City, and upon completion of a course of study at the Dewey School, he entered upon a successful practice of his specialty in Greensboro in 1925.

For twenty years, Dr. Ed., as he was affectionately known to his colleagues and patients, rendered an outstanding service to his profession and community. In 1945, ill health forced him to retire. Neither retirement nor ill health daunted his zeal for good things in life; he found a hobby in flowers and plants.

Dr. Troxler was a member of the following dental societies: Guilford County, Third District, North Carolina, and the American Dental Association.

He was a member of Fair Grove Methodist Church, Brown Summit, North Carolina.

On July 28, 1954, Dr. Troxler died after ten years of declining health.

Dr. J. T. Lasley

DAVID MILLARD TUTTLE, D.D.S.

1917-1954

On September 19, 1954, Dr. and Mrs. David Millard Tuttle were fatally injured in a fall over Toxaway Falls in western North Carolina. They had been taking pictures of this scenic place and it was thought that Mrs. Tuttle slipped on the slick rock surface overlooking the falls and her husband died in a futile attempt to save her.

David Tuttle was born September 18, 1917, in Walnut Cove, North Carolina, the son of Dr. Ruben Gray Tuttle and Addie May Long Tuttle, who survive.

He was a graduate of Reynolds High School in Winston-Salem, Davidson College, and the Atlanta Southern Dental School.

During World War II, Dr. Tuttle served four years in the Army Dental Corps. He began the practice of dentistry in Gastonia in 1940, and resumed it shortly after being separated from the Army in 1946.

Dr. Tuttle was a member of the American Dental Association and all of its component societies. He was a past president of the Gaston County Dental Society, and at the time of his death was chief of the dental staff of the Gaston Memorial Hospital. He was a member of the Civitan Club, Gaston County Country Club, and the Gastonia Elks and Eagles Clubs. He was also a member of Delta Sigma Delta, dental fraternity.

David Tuttle was a credit to his profession. A conscientious dentist and the type of man who believed that anything worth doing at all was worth doing well. His hobby was his flowers and the beautiful grounds

about his home are a monument to the loving care and many hours of hard work spent there. He was a devoted father and husband.

David's untimely death is a deep personal loss to those of us who were privileged to have been associated with him.

Dr. James E. Moser

REED T. GOE, D.D.S.

1906-1954

Major Reed T. Goe was born June 19, 1906, in Weston, West Virginia. He was the son of Reed T. Goe and Emma C. Goe. He was married to Ellen Radaborgh in 1930. They have three children, Sandra Jane, Reed T., and Mary Ellen.

Dr. Goe was educated in Massanutten Military Academy in Virginia. He entered West Virginia University and later Baltimore College of Dental Surgery, where he received his degree. He was a member of Psi Omega Fraternity and held licenses in Maryland and North Carolina.

Major Goe was a member of the following organizations: Scottish Rite, Sudan Temple, Raleigh Commandery No. 4, Toril Oasis Shrine Club of Japan, York Rite, North Carolina Dental Society, Fourth District Dental Society and the American Dental Association. He was also Past Master, William G. Hill Lodge, No. 128, and Past Patron, Capital Order of Eastern Star.

Major Goe entered the United States Air Force in June 1953, and was on tour in Japan where his family resided with him. He was on a safari in Vietnam, Indo China, when he died of a heart attack, February 21, 1955.

He was buried in Arlington National Cemetery March 18, 1955.

Dr. Sam Towler

WILLIAM C. MERCER, D.D.S.

1895-1954

Dr. William C. Mercer was born in Fountain, North Carolina, October 23, 1895. He was the son of Mr. William Henry Mercer and Mrs. Mary Parker Mercer.

He attended elementary school in Macclesfield, North Carolina; Piedmont Institute, and Atlanta Southern Dental School where he received his Doctor of Dental Surgery degree. He practiced in Durham and Ahoskie and had been in Williamston, where he died, for twenty-four years.

Dr. Mercer was a member of the Kiwanis Club, Memorial Baptist Church, in Williamston, and also a member of the Fifth District and North Carolina Dental Societies.

He was married to Miss Grace Beasley in 1919. He is survived by two children, W. C. Mercer, Jr., a dental student at the University of Tennessee, and Mrs. Lewis Smith of Whiteville, N. C.

Dr. Mercer died July 25, 1954.

Dr. Britton F. Beasley

COMMITTEE
REPORTS

Ethics Committee

H. D. Froneberger, Chairman (1959)

John A. McClung (1955)

Clyde Minges (1956)

Royster Chamblee (1957)

Paul Fitzgerald, Jr. (1958)

The Ethics Committee of the North Carolina Dental Society having heard the charges made by a large representation from the Third District Dental Society, a component of the North Carolina Dental Society against two of its members Dr. Ross Pringle and Dr. Dick H. Erwin of Greensboro, N. C., and having weighed all testimony and studied all briefs have found said Dr. Pringle and Dr. Erwin guilty of unethical conduct.

Your Ethics Committee on this day suspend Dr. Ross Pringle and Dr. Dick H. Erwin from membership in the North Carolina Dental Society for a period of one year, provided they are not guilty of any further violations of the code of ethics. If, however, Dr. Erwin and Dr. Pringle persist in their violations of the code of Ethics and a complaint is filed with the Ethics Committee signed by three or more members of the North Carolina Dental Society, the Ethics Committee will meet in ad-interim session and hear all evidence.

After hearing all evidence and if in the opinion of the Ethics Committee either Dr. Erwin or Dr. Pringle or both are guilty of further violations of the code of ethics, he or they shall be expelled from membership in the North Carolina Dental Society as of date of hearing.

IN THE MATTER OF DR. DICK H. ERWIN

I.

The undersigned dentists are each duly licensed and practicing dentists in the State of North Carolina and are members in good standing of the North Carolina Dental Society and its component part, the North Carolina Third District Dental Society.

II.

Dr. Dick H. Erwin is a duly licensed and practicing dentist in the City of Greensboro, State of North Carolina, and is presently a member of the North Carolina Dental Society and of its component part, the North Carolina Third District Dental Society.

III.

That the undersigned charge that Dr. Dick H. Erwin did between the dates of 1 May, 1954, and 1 December, 1954, knowingly engage in certain activities, conduct and behavior in and near the City of Greensboro, North Carolina, which conduct and behavior did constitute grossly unprofessional conduct on the part of said Dr. Dick H. Erwin in the

practice of his profession as a licensed dentist, and as a member of the North Carolina Dental Society; that said Dr. Dick H. Erwin knowingly violated the Constitution, By-Laws and Code of Ethics of the North Carolina Dental Society, and of the North Carolina Third District Dental Society, in the following respects:

CHARGE NO. 1

That during the summer and fall of 1954 Dr. Dick H. Erwin did distribute to his patients and to members of the public generally who were not his patients from his office and from other places a great number of pamphlets entitled "Fluoridation Unmasked" edited by one Fanchon Battele (a woman known to be without professional training or reputation in the medical or dental fields) which pamphlet contained numerous and repeated accusations derogatory to the dental profession generally; that said statements and accusations in said pamphlet were obviously false and misleading (alleging, for example, that fluoridation was "Communist Warfare" and that the endorsement of fluoridation by dentists was based "on ignorance of medical facts"); that the distribution of said false, malicious, and misleading literature under the circumstances aforesaid by Dr. Dick H. Erwin constituted a violation of Article I, Section 7 of the By-Laws of the North Carolina Dental Society and Article II, Sections 1, 2, and 4 of the Code of Ethics of the North Carolina Dental Society, and of Article V, Section 1 of the North Carolina Third District Dental Society.

CHARGE NO. 2

That Dr. Dick H. Erwin did, during the summer and fall of 1954, distribute to his patients and to the members of the public generally who were not his patients copies of knowingly false and misleading literature printed under the name "Greensboro Pure Water Committee" which said Dr. Dick H. Erwin knew contained misleading, false, and ridiculous statements which tended to place a majority of members of said Dr. Dick H. Erwin's own local Dental Society (who advocated Fluoridation) in public disrepute and contempt; that the distribution of said literature as aforesaid constituted grossly unprofessional conduct on the part of said Dr. Dick H. Erwin and was calculated to discredit, and did discredit, his profession and members thereof; that said conduct herein alleged on the part of said Dr. Dick H. Erwin was all in violation of Article I, Section 7, of the By-Laws of the North Carolina Dental Society, of Article II, Sections 1, 2, and 4 of the Code of Ethics of the North Carolina Dental Society, and of Article V, Section 1 of the North Carolina Third District Dental Society.

CHARGE NO. 3

That during the summer and fall of 1954 Dr. Dick H. Erwin did frequently appear on a public radio broadcast program called "The Party Line" over Radio Station W.C.O.G. in Greensboro, North Carolina. That the said radio program was a weekly night program, widely heard over a large and populous area of North Carolina, whereby members of the public might call the radio station by telephone and discuss matters over the air by a method of transcribing said telephone conversations; that beginning in the summer of 1954 said program became the principal medium by which certain members of the public concentrated their attacks on fluoridation, accusing the dentists of Greensboro, among other things, of accepting bribes from large corporations, of conspiring for some fraudulent purpose to fluoridate the water, of aiding the Communists, and accusing them, in effect, of all manner of ulterior motives, that said Dr. Dick H. Erwin did on numerous occasions participate on said program frequently announcing his name (although such was not customary or requested) to the public, thereby advertising and soliciting business; that all of said conduct on the part of Dr. Dick H. Erwin did constitute grossly unprofessional conduct and did violate Article I,

Section 7, of the North Carolina Dental Society, Article II, Sections 1, 2, and 3 of the Code of Ethics of the North Carolina Dental Society, and Article V, Section 1 of the Constitution of the North Carolina Third District Dental Society.

CHARGE NO. 4

That during the summer and fall of 1954 in and near the City of Greensboro, North Carolina, Dr. Dick H. Erwin did associate himself with persons and organizations opposing fluoridation of public water supplies in Greensboro, North Carolina, and that in the course of such opposition he did frequently attack respected and learned members of his own profession who took an opposite stand; that he did in writings and public statements reflect discredit on members of his own profession in and near Greensboro, North Carolina, and elsewhere; that he did participate in public programs and in meetings before Government bodies in and near the City of Greensboro speaking as a trained professional dentist without representing to the public that he was speaking only for himself and not for members of his local Dental Society. That said conduct on the part of Dr. Dick H. Erwin did constitute grossly unprofessional conduct and did violate Article I, Section 7, of the By-Laws of the North Carolina Dental Society, and Article II, Sections 1, 2, and 3 of the Code of Ethics of said Dental Society, and Article V, Section 1 of the North Carolina Third District Dental Society.

IV.

That all of the aforesaid acts and conduct alleged in the charges enumerated were in violation of the Constitution and By-Laws and Code of Ethics of the North Carolina Dental Society, of the Constitution and By-Laws of the North Carolina Third District Dental Society, of the Principles of Ethics of the American Dental Association, and of General Statutes 90-41 of the Laws of North Carolina governing the practice of Dentistry.

WHEREFORE, the undersigned pray that the North Carolina Third District Dental Society make such investigation and take such appropriate action as by its Constitution and By-Laws it may be authorized, and that said Third District Society transmit and refer these said charges to the North Carolina Dental Society for such final action as is authorized by said Society's Constitution, By-Laws, and Code of Ethics.

IN THE MATTER OF DR. ROSS PRINGLE:

I.

The undersigned dentists are each duly licensed and practicing dentists in the State of North Carolina and are members in good standing of the North Carolina Dental Society and its component part, the North Carolina Third District Dental Society.

II.

Dr. Ross Pringle is a duly licensed and practicing dentist in the City of Greensboro, State of North Carolina, and is presently a member of the North Carolina Dental Society and of its component part, the North Carolina Third District Dental Society.

III.

That the undersigned charge that Dr. Ross Pringle did between the dates of 1 May, 1954, and 1 December, 1954, knowingly engage in certain activities, conduct and behavior in and near the City of Greensboro, North Carolina, which conduct and behavior did constitute grossly

unprofessional conduct on the part of said Dr. Ross Pringle in the practice of his profession as a licensed dentist, and as a member of the North Carolina Dental Society; that said Dr. Ross Pringle knowingly violated the Constitution, By-Laws and Code of Ethics of the North Carolina Dental Society and of the North Carolina Third District Dental Society in the following respects;

CHARGE NO. 1

That during the summer and fall of 1954 Dr. Ross Pringle did distribute to his patients and to members of the public generally who were not his patients from his office and from other places a great number of pamphlets entitled "Fluoridation Unmasked" edited by one Fanchon Battele (a woman known to be without professional training or reputation in the medical or dental fields) which pamphlet contained numerous and repeated accusations derogatory to the dental profession generally; that said statements and accusations in said pamphlet were obviously false and misleading (alleging, for example, that fluoridation was "Communist Warfare" and that the endorsement of fluoridation by dentists was based "on ignorance of medical facts"); that the distribution of said false, malicious, and misleading literature under the circumstances aforesaid by Dr. Ross Pringle constituted a violation of Article I, Section 7 of the By-Laws of the North Carolina Dental Society and Article II, Sections 1, 2, and 4 of the Code of Ethics of the North Carolina Dental Society, and of Article V, Section 1 of the North Carolina Third District Dental Society.

CHARGE NO. 2

That Dr. Ross Pringle did, during the summer and fall of 1954, distribute to his patients and to the members of the public generally who were not his patients copies of knowingly false and misleading literature printed under the name "Greensboro Pure Water Committee" which said Ross Pringle knew contained misleading, false, and ridiculous statements which tended to place a majority of members of said Dr. Ross Pringle's own local Dental Society (who advocated fluoridation) in public disrepute and contempt; that the distribution of said literature as aforesaid constituted grossly unprofessional conduct on the part of said Dr. Ross Pringle and was calculated to discredit, and did discredit, his profession and members thereof; that said conduct herein alleged on the part of said Dr. Ross Pringle was all in violation of Article I, Section 7, of the By-Laws of the North Carolina Dental Society, of Article II, Sections 1, 2, and 4 of the Code of Ethics of the North Carolina Dental Society, and of Article V, Section 1 of the North Carolina Third District Dental Society.

CHARGE NO. 3

That during the summer and fall of 1954 Dr. Ross Pringle did frequently appear on a public radio broadcast program called "The Party Line" over Radio Station W.C.O.G. in Greensboro, North Carolina. That the said radio program was a weekly night program widely heard over a large and populous area of North Carolina whereby members of the public might call the radio station by telephone and discuss matters over the air by a method of transcribing said telephone conversations; that beginning in the summer of 1954 said program became the principal medium by which certain members of the public concentrated their attacks on fluoridation, accusing the dentists of Greensboro, among other things, of accepting bribes from large corporations, of conspiring for some fraudulent purpose to fluoridate the water, of aiding the Communists, and accusing them, in effect, of all manner of ulterior motives, that said Dr. Ross Pringle did on numerous occasions participate on said program frequently announcing his name (although such was not customary or requested) to the public, thereby advertising and soliciting

business; that on at least one occasion he discussed over the air with the program moderator certain dental work that he had done for said moderator, and he allowed and encouraged the moderator to announce publicly and broadcast his satisfaction with said work; that he did on one occasion confirm on said radio program an appointment; that he did on one occasion on said program discuss personal dental x-rays that he had made; that all of said conduct on the part of Dr. Ross Pringle did constitute grossly unprofessional conduct and did violate Article I, Section 7, of the North Carolina Dental Society, Article II, Sections 1, 2, and 3 of the Code of Ethics of the North Carolina Dental Society, and Article V, Section 1 of the Constitution of the North Carolina Third District Dental Society.

CHARGE NO. 4

That during the summer and fall of 1954 in and near the City of Greensboro, North Carolina, Dr. Ross Pringle did associate himself with persons and organizations opposing fluoridation of public water supplies in Greensboro, North Carolina, and that in the course of such opposition he did frequently attack respected and learned members of his own profession who took an opposite stand; that he did in writings and public statements reflect discredit on members of his own profession in and near Greensboro, North Carolina, and elsewhere; that he did participate in public programs and in meetings before Government bodies in and near the City of Greensboro speaking as a trained professional dentist without representing to the public that he was speaking only for himself and not for members of his local Dental Society. That said conduct on the part of Dr. Ross Pringle did constitute grossly unprofessional conduct and did violate Article I, Section 7, of the By-Laws of the North Carolina Dental Society, Article II, Sections 1, 2, and 3 of the Code of Ethics of said Dental Society, and Article V, Section 1, of the North Carolina Third District Dental Society.

IV.

That all of the aforesaid acts and conduct alleged in the charges enumerated were in violation of the Constitution and By-Laws and Code of Ethics of the North Carolina Dental Society, of the Constitution and By-Laws of the North Carolina Third District Dental Society, of the Principles of Ethics of the American Dental Association, and of General Statutes 90-41 of the Laws of North Carolina governing the practice of dentistry.

WHEREFORE, the undersigned pray that the North Carolina Third District Dental Society make such investigation and take such appropriate action as by its Constitution and By-Laws it may be authorized, and that said Third District Society transmit and refer these said charges to the North Carolina Dental Society for such final action as is authorized by said Society's Constitution, By-Laws, and Code of Ethics.

Program Committee

Vance Kendrick, Chairman
J. B. Freedland, Co-Chairman
M. H. Truluck
P. B. Whittington, Jr.
Charles D. Eatman
E. A. Pearson

For the year 1954-1955, the Program Committee has functioned according to the By-Laws and Constitution in accomplishing the following:

1. Four outstanding lectures were secured for the main scientific program:
 - (a) Dr. Ralph F. Sommer, Endodontics
 - (b) Dr. Ralph W. Phillips, Common Causes for the failure of Dental Materials in Operative Dentistry.
 - (c) Dr. Lewis W. Fox, Principles of Occlusion.
 - (d) Dr. Lester Burket, Oral Diagnosis.

These speakers received an honorarium of \$250 each with expenses. Travel expenses were figured on air travel basis.

2. In addition, Dr. Howard Higgins, trustee for the Fifth District of the A.D.A. gave a report from the district.

3. Dr. Daniel Lynch, President of the American Dental Association, was secured as a speaker on the subject, "Leadership in Dentistry." Proper introduction was provided for these speakers.

4. A public address technician and equipment were secured for the annual meeting at the cost of \$100 plus expenses.

5. A system of ushers under Dr. Thomas Nisbet was organized for service during the meeting.

6. A system of monitors was organized to handle movable microphones for improved audience participation during the question and answer period for each speaker.

7. In coordination with the General Arrangements Committee and the committee for Entertainment of Out-of-State Guests, all details for the proper and efficient conduct of the meeting were worked out.

8. The organization of the program and scheduling of events was completed and submitted to the State Editor for publication.

9. Interim reports were given to the Executive Committee in July 1954, and January 1955.

RECOMMENDATIONS

1. President-Elect should have the authority to appoint or suggest an ex-officio member of the Program Committee to provide some continuity in carrying over new ideas and concepts in presenting scientific data to the North Carolina Dental Society from year to year.

2. Program Committee appointments should not be handicapped by appointment to any other committee.

3. Co-operation of Table Clinic Committee and Program Committee to encourage table clinic presentations to be correlated with presentations of major essayists—with consent and aid of essayist in question.

4. That a Convention Chairman be appointed to facilitate and coordinate arrangements for the Annual State meeting.

5. That some adequate system of ushering be instituted by committee appointment under supervision of Program Committee.

Clinic Committee

Milo J. Hoffman, Chairman

G. V. Harris

R. Weathersbee, Jr.

R. R. Hoffman

W. Penn Marshall

During the year we have endeavored to obtain high quality clinics from all sections of the state. Twenty-three clinics will be given by Dentists, two by Dental Hygienists, two by Dental Assistants, and four by Students of the University of North Carolina Dental School.

The Committee wishes to express grateful appreciation to each of these clinicians for their participation in this part of our program.

Exhibits Committee

E. A. Pearson, Chairman

C. T. Wells, Sr.

Ralph Falls

H. C. Parker

Edward R. Burns

The following is a report of the Exhibits Committee along with recommendations.

Early last summer, I compiled a mailing list, and arranged in alphabetical order, the names of all manufacturers, supply houses and pharmaceutical houses which would be eligible to exhibit at our state meeting.

In August, announcements were sent to all exhibitors of the previous year, announcing our meeting dates for 1955; and if they desired their previous spaces for exhibiting, to please respond with a check or letter confirming same.

In the middle of October, letters were sent to all dental laboratories who were members of the North Carolina Laboratory Association, asking and urging all member laboratories to purchase at least one exhibit space. The response was not at all complimentary to their agreement which they made with the Exhibits Committee and its chairman, Dr. Branham, several years ago. There was a gentleman's agreement then to the effect that if the North Carolina Dental Society would not allow any non-member laboratory either within the state or out, to exhibit, that the members of the North Carolina Laboratory Association would take spaces at our state meeting.

We do not have to solicit any dental laboratory; but we feel that owing to the dental laboratory's sole dependency upon the dentist, it would be to their advantage if they would exhibit.

The first few years, this plan worked very well; but this year only six laboratories have purchased space and one space for the North Carolina Laboratory Association. Last year there were 10 laboratories and one space for the North Carolina Laboratory Association.

Of course, I realize that there can never be a contract between the laboratories and our state society in regards to this matter. However, it seems that there is a mutual benefit to be gained by both if the laboratories cooperate in this program. We cannot force, nor can the North Carolina Laboratory Association force its members to participate in such a program. There is as you know, a \$10.00 minimum fee for each laboratory to become accredited; this is renewed each year and is paid to the Prosthetic Service Committee. By this very act of which our society has agreed and is a part, there can be no non-member dental laboratories who would come and exhibit, unless the named laboratory meet the requirements of the Prosthetics Service Committee as set forth in the rules for the Prosthetics Service Committee and passed by the house of delegates last year.

I am of the opinion that there is disharmony and strife between the members of the North Carolina Laboratory Association and the North

Carolina Dental Society. I strongly urge that the North Carolina Dental Society not have anything to do with accrediting or receiving funds from the North Carolina Laboratory Association. If the North Carolina Laboratory Association desires a committee to work with them in an advisory capacity, all well and good; but let them run their entire show and thus allow our society to invite any person or company that the Exhibits Committee deems worthy to purchase spaces for exhibits at our meeting.

The American Dental Association has ceased the majority of their activities in regards to accreditation of dental laboratories. There are now only 5 state societies actively engaged in such practices. I refer to the transactions of the American Dental Association 1954 under the heading "Council on Dental Trade and Laboratory Relations." The history of the organization, its experiences over the past 8 or 9 years, and how unsuccessful the program was. I feel we are participating in a program of the dental laboratory trade and that we are sponsoring things which in the near future will have repercussion against us to the extent that once the laboratories gain control of majority of laboratories in this state that they will be dictating our policies to a great extent.

I have a letter from Dr. Poindexter stating the changes in his committee which the house of delegates approved last year. Item No. 4 in his letter states "All fees received should go to the North Carolina Dental Relief Fund and toward the cost of having a more rigid inspection and investigation of laboratories up for accreditation. I do not know his proposal or policy for more rigid accreditation. I personally feel that we should have a committee to work as liaison between the North Carolina Dental Society in purely an advisory capacity, and refrain from sponsoring any association outside our own; thus allowing us as a state society to have no obligation to any association or group whether good or bad. Then in the future, if this group does step out of line, we can voice an opinion against them and not be sponsoring their association and at the same time, not having to accept policies that would be contrary to democratic principles and ethics of fair trade with any commercial association or individual.

As to date we have secured 43 exhibitors who have paid to our committee \$4,150.00. The Powers and Anderson Dental Company owes \$150.00, for their spaces as confirmed by letter. The Encyclopedia Britannica has reserved a space for \$115.00, to be paid before May 10. I am sure these additional amounts will be paid on or before the date above mentioned.

The Noble Dental Laboratory had made a contract last September for the space they had the previous year. Today as this article is being written, Mr. Noble informed me he would not take a space as he had contracted to do. I have a letter in my file to this agreement. I have written Mr. Noble in reply to this situation asking him to reconsider. I do not know the outcome at present time.

In view of the above mentioned items in regards to Dental Laboratories (who seem to be our chief problem), our committee recommends the following to the House of Delegates:

- I. Our committee feels that the agreement between the North Carolina Laboratory Association and the North Carolina Dental Society in regards to allowing only members of the Laboratory Association to exhibit, has not been for best interest of the Dental Society.

Therefore, your Exhibit Committee would like to propose the following resolution.

Resolved that your Exhibit Committee be authorized to extend invitation to all laboratories whom the committee deems worthy to exhibit at our annual meetings, without any financial obstacle.

- II. That the chairman of the Exhibits Committee draw up a suitable uniform contract for all exhibitors to be used in confirming space. This is an effort to secure exhibitors early in the year; most houses do not like to pay for space so long ahead of time. This would allow the chairman to announce dates of meetings and get confirmations early and pay within the same fiscal year that our meeting is held.
- III. That the chairman of Exhibits Committee be allowed funds to secure stenographic help when necessary. This is a heavy correspondence job plus bookkeeping. Additional help is most necessary if we secure enough exhibitors to fill our allotted space each year.

The expenses of our committee are not all in, an itemized account will be submitted later.

DISCUSSION

DR. PEARSON: For information, I did not enter a supplemental report before yesterday, because I was holding out for some more checks to be paid in. We have received, from forty-four exhibits, \$4375. We still have another check, which I am sure will be in when I get back to the office, for \$115, which will bring our total from exhibits space to \$4490.

I did not list expenses from our committee because when the bill was submitted, we did not have a complete list of expenses. I have, for office services, for mimeographing, \$3; Raleigh letter writers, multi-lithing \$35, phone calls to date, there are two or three calls that have not been sent into the office, \$9.63; stamps, \$13.71; Mrs. Henderson, \$25; exhibits prizes, \$211.08; and our party for the exhibitors, \$49.66; duplicate tickets for the drawing \$7.50. That brings our total expenses, to date, to \$354.59. There will probably be \$2 in phone calls yet to come in.

PRESIDENT WALKER: Is there any discussion of the report of this committee?

DR. BREELAND: Mr. Chairman, if we adopt that, the resolution as proposed reads like this:

Whereas, be it resolved that your Exhibit Committee be authorized to extend invitation to all laboratories whom the committee deems worthy to exhibit at our annual meeting, without any financial obstacle.

The Resolutions Committee is not in favor of this proposed resolution, and requests that it be rejected.

DR. WALKER: The floor is open for this committee's report. Does anyone want to make a motion?

DR. CHAMBLEE: I move, sir, that the Resolutions Committee decision be adopted.

(This was seconded by Dr. C. C. Poindexter.)

DR. PEARSON: May I bring this, again, for information? You heard me the other night speak in regard to the problem that we, the Exhibits Committee, feel is an unfair practice the North Carolina Dental Society has entered into with the North Carolina Laboratory Association, and the accreditation program. I feel the manner in which we receive funds from an organization, which is not a part of the North Carolina

Dental Society, is not in keeping for the best interests and progress and harmony of our society. There are many ramifications that exist in this problem. I am confident that there are things which need to be worked out, and I would like to see the House of Delegates find an answer, a fair answer, one that will promote harmony and union with the laboratories in this state and out of it, and have a good working relationship between our Society and the laboratory operators in this state.

However, to me and the members of the Exhibits Committee, it still seems that when any committee is empowered to collect fees from an organization outside our own, accept those fees into the North Carolina Dental Society, regardless of how they are handled, in disposing of those fees, that the moment we accept those fees, our Society is bound morally and legally, and otherwise, as a part of that organization.

I am 100 per cent in favor of any control of the dental laboratory trade and practice, at which the American Dental Association has functioned and set itself up in the past few years. I should like to see that control continued. I cannot see, by attaching a fee, a dues, or what have you, to the members who want to become accredited, and pay into our Society, we should accept that.

I think this: if the laboratories in this state wish to become accredited, there is a means by which we can accredit the dental laboratories and not receive any funds from the laboratories into our organization.

What is the answer to that? The Editor-Publisher needs revenue and advertising in the Journal in order to help defray expenses. There is a problem there, again, of which I have no control or no real information. I imagine that the cooperation of the laboratory owners in purchasing space is certainly a great help in defraying the expense of our publication.

As I stated the other night we do not have to solicit any commercial laboratory, but the moment we accept fees and allow only those members who have paid that fee to come in here—to me, and those who have discussed this problem with me, it is our feeling we have in this state a closed union shop by doing this.

You know as well as I do that there cannot be free organization in this state. We are limited. We are governed. And we are discriminating against commercial houses.

If we have to have a fee on dental laboratories in North Carolina, let us put a fee on the S. S. White Company, let us put one on every commercial house that comes into the state to exhibit, and make it fair to all. They are all free trade enterprises. They come by invitation.

However, we do not have to accept them, but the moment we refuse one of those men because they are laboratories then, of course, we get into a severe controversy.

For the information of this group I really feel we should do away with any fees the laboratories pay to any committee in our state Society for accreditation.

In the report of the Prosthetic Dental Service Committee Dr. Poin-dexter has listed expenses of the past seven years, I believe it is approximately \$364 or \$374. Pro rate that yearly and you will find it will come out to about \$40 or \$50 per year.

We are talking in terms of public relations and what we are going to do to promote harmony. I feel \$50 a year paid out of the General Funds of the North Carolina Dental Society to accredited laboratories who paid expenses to the Prosthetic Committee, would be money well spent to accredit these laboratories and accredit every laboratory in North Carolina that meets the requirements of the Prosthetic Dental Service Committee, and when those laboratories are accredited, then they can come here and exhibit as they see fit. If, for some reason, they are not eligible, if they cannot meet the requirements of the Prosthetic Dental Service Committee, then they should not be allowed to exhibit at the meetings of the North Carolina Dental Society.

DR. BREELAND: Mr. President, in defense of the action of the Resolutions Committee, the only way in which we can legally and honestly consider this resolution is in accordance with the setup of the Prosthetic Dental Service Committee that has been approved by this Society. We feel this resolution as proposed does not conform with the principles as they were set up, and therefore we voted for its rejection. We heard the discussion the other night and we looked into the possibilities of this discussion. We are somewhat in accord with the proposal, or at least, the discussion of the Exhibits Committee. Probably we had no business going into it as far as we did, but we felt we should.

I agree that the North Carolina Dental Society should never be a part of the exhibits or of the laboratory men. I feel we should be only an advisory group and never in any way be entangled with them. They have a lot of disharmony and distrust among themselves, which is not our problem.

I do not think we should rescind our responsibility to them for the future. I know they need help, and they are asking for help, but they do not know whom to trust within their own organization.

I, personally, feel that the minute this committee thinks we should set this thing up as a special committee, only as an advisory group to them, and help them reorganize, whatever expense it entails, let this Society propose it and pay it, just as a liaison group, instead of as it now stands. Let them accredit themselves. I should like to see them take the proposal of the ADA and let them handle their own affairs, and let this Society act in an advisory manner to them. I believe this will solve many of the problems.

As far as opening up and letting these men that do not become accredited and meet those requirements come in, the Resolutions Committee will never go on record as favoring that.

DR. POINDEXTER: Mr. President, it has been indicated that there is a great deal of strife between the laboratory industry and the profession. That is something new to me. I think one of the reasons this thing was

set up was to promote harmony. Of course there is friction in the laboratory group, and there is friction in the Society, like in all other organizations.

I should like to ask Dr. Pearson a question, and I want to get this one thing straight; whether you were misquoted or not, Dr. Pearson, did you make the remark that Woodward and Fleming Laboratory said they were not going to exhibit any more?

DR. PEARSON: No, sir, Dr. Poindexter. Mr. Fleming and Mr. Woodward came to me and told me they were not going to be members of the North Carolina Laboratory Association next year. I am sorry if I did not make myself clear, because we know that last year, I believe it was, it was passed by this group that a laboratory could become accredited and not be a member of the Laboratory Association. I am sorry if I misquoted. I did not mean to do so. It is only that they are not going to be members of the Association . . .

DR. POINDEXTER: In Paragraph 6 of your report, it said there had been a decrease in the number of laboratories applying for space.

In 1946, there were five. That is about the time the program was started. In 1947, there were seven. Figures for 1948, 1949, and 1950 are not available. In 1951 there were twelve; in 1952, there were eight; in 1953 there were nine, and last year there were ten.

I wonder, Dr. Pearson—this is your administration—what your explanation is to why you did not have any more exhibitors?

DR. PEARSON: Dr. Poindexter, the only explanation I can give is this: for every member of the Dental Laboratory Association and those accredited, from the list which I received from you early last summer, letters went out, I believe, to all members of the Dental Laboratory Association and those members who were accredited. I did not receive a single reply to any invitation, from those men, except those who are exhibiting here this year.

Mr. Noble did contract for space in October. He did not accept the space, nor did he pay for it. When I knew he was not going to take the space, I wrote asking him to reconsider. In his letter of reply he stated, in substance, that his accountant had been over his books and had found he was giving out donations, and what have you, in a manner of advertising, that he was not staffing this booth down here, it was purely a complimentary purpose space. His CPA advised him that was one of the items he could cut from his budget.

That was the answer Mr. Noble gave me. I cannot go in and look at their overhead and expenses and tell them where they can cut down and save money, but according to Mr. Noble and his accountant, that was the matter they wanted to cut out. That is the only one who told me positively it was purely financial.

I have understood, not directly from members, that finance was the big reason these men are not coming down here. Our spaces are the cheapest that any of these tradespeople have, and I do not think the purchase of the exhibit space is exorbitant by any means, for these men

who are entirely dependent on the dentists of North Carolina. I think there is a mutual benefit for both. However, they must use it to get that benefit.

VICE PRESIDENT THOMPSON: Will passage of this resolution solve the whole problem? I tried to inquire around among the laboratory men, and there is something I cannot put my finger on. It would seem to me that if we pass the resolution, we will not solve the problem. Therefore, I feel there should be some harmonious plan, some friendly relation whereby we could all work together. As it is running on now, I think we are building up for further study of the same subject. What we do here, today, I do not believe is going to solve it.

DR. HOOPER: I would like to see this thing worked out satisfactorily for all concerned. I would like to make a substitute motion: that the incoming president appoint a committee to really study this and come back next year before the House of Delegates with something they think will work, for our approval.

(Dr. Owen seconded the motion.)

DR. EDWARDS: Mr. President, I find myself in sympathy with both views of the situation. I am in sympathy with Dr. Poindexter's position because he is as familiar with the situation as any man in the Society; on the other hand I feel there is great merit in what Dr. Pearson has said.

I feel there are weaknesses in the present plan and that Dr. Hooper's suggestion for the appointment of a committee to work with these gentlemen, to try to solve this problem and bring out a recommendation that will be to the mutual interest of all, would be at this time the proper thing to do.

I second Dr. Hooper's motion.

(The motion was put to a vote and carried.)

The report, with recommendations deleted, was adopted.

Constitution and By-Laws Committee

S. W. Shaffer, Chairman

A. P. Cline

C. W. Sanders

Z. L. Edwards

F. O. Alford

I. Change By-Laws Article I, Section 6, Executive Committee, by adding in line two following "the President", the word, "Vice-President". This increases the Executive Committee from six to seven members. This amendment was presented last year and is ready to be voted on at the first meeting.

II. Change Constitution Article VII, Section 2 to read as follows: "Unless otherwise specifically provided, each standing committee shall consist of six members, one from each district society appointed by the President for terms of three years, plus one member at large appointed for a term of one year, and the Chairman shall be designated by the President. Such change of length of term shall apply only to those appointed after this change has been adopted." This amendment was presented last year along with a similar one. The two were laid on the table till this year at which time the Constitution and By-Laws Committee was to decide on one to be presented.

III. Change By-Laws Article I, Section 21, by striking out the first sentence: "The Relief Committee shall consist of 5 members, one from each district society." The second sentence shall begin, "The Relief Committee shall elect one of its own members", and continue as at present. This amendment was presented last year and is ready to be voted on at the first meeting.

IV. In May, 1954, Dr. Neal Sheffield in his address recommended that the President, President-Elect, Vice-President, Secretary, and Editor be made alternate delegates to the American Dental Association, provided none of the State Officers were elected to serve as a delegate. With this in mind and since there would be only one other alternate delegate at present to be elected, the Constitution and By-Laws Committee proposes the following change in Article IV, Section 2 of the Constitution: In the second sentence of the paragraph relating to alternate delegates, add following the word "Secretary-Treasurer", the words, "Vice-President", "Editor-Publisher", and "Chairman of the Executive Committee". The proposed change will now read as follows: The President, President-Elect, Secretary-Treasurer, Vice-President, Editor-Publisher, and Chairman of the Executive Committee, unless they are an elected delegate, shall become an alternate to the House of Delegates of the American Dental Association, without the formality of election. This amendment is to be presented at one meeting and voted on at a subsequent meeting.

V. Due to a resolution passed by the House of Delegates which reads as follows: "Resolved, that the President of this Society be requested to

submit to the Committee on the President's address and to all members of the House of Delegates, at least 30 days prior to the Annual Meeting, all recommendations which will be presented in the President's address", the Constitution and By-Laws Committee proposes to change Article I, Section i of the By-Laws by adding to the end of Section i, the following sentence: "The recommendations which will be presented in the President's address must be submitted by him to the Committee on the President's address and to all members of the House of Delegates at least 30 days prior to the Annual Meeting." This amendment is to be presented at one meeting and voted on at a subsequent meeting.

The amendment in regard to the Advisory Committee to the Dental School of the University of N. C. failed to pass a 90% vote last year, and the Constitution and By-Laws Committee wishes to advise the officers of the society that it considers this as unfinished business, and prefers that they use their own discretion as to the future action to be taken on this matter.

VI. Due to the fact that Dr. Neal Sheffield in his Presidential address last year, recommended that steps be taken to secure a corresponding secretary to help ease the ever-increasing load of the state officers, and due to the fact that President Walker recommends the same thing, we should like to present an amendment, a change in Article I, Section 5, of the By-Laws, to read: "The annual dues of this Society shall be \$46.", in place of \$31. This is an increase of \$15.

Recommendations of the Constitution and By-Laws Committee were voted upon with the results as follows:

Recommendation I, Adopted

Recommendation II, Not approved

Recommendation III, Not approved

Recommendation IV, Adopted

Recommendation V, Adopted

Recommendation VI, Adopted—To become effective January 1, 1956.

Necrology Committee

E. L. Eatman, Chairman

F. E. Gilliam

J. P. Reece

W. L. McRae

Ralph Coffey

I met with the chairmen of the different committees and there the duties of the Necrology Committee were discussed. It was decided at this meeting to leave off the lengthy memorial reading at the Sunday night session. The Necrology report on Sunday night would be the lighting of a candle and the placing of a rose in a vase for each deceased during the past year. The memorials would be written and presented to the Executive Committee for approval later, so that they may be published in the Journal.

I would recommend that the Necrology Committee of each district and under a general chairman report them to the state society each year at Pinehurst.

Insurance Committee

Joe V. Davis, Jr., Chairman

C. H. Teague

J. R. Edwards

P. P. Yates

M. M. Lilly

The Insurance Committee has held no meetings during the year but it has been active in its encouragement to our members to carry adequate insurance.

Through the cooperation of Mr. J. L. Crumpton who administers for the Commercial Insurance Company the State Society sponsored plan, the new members and the old members who are not participants were contacted by mailing to these men a brochure which carried this letter signed by the members of this committee:

TO MEMBERS OF THE NORTH CAROLINA DENTAL SOCIETY:

We should like to write you briefly about a matter that affects all of us as dentists. Each of us is subject to sickness and injuries that destroy our earnings from practice. We are exposed to diseases and injuries that would not disable the ordinary layman but would render us unfit for our professional duties. To protect and provide income for such emergencies, a dentist should own the best Health and Accident insurance available.

From our experience and observation, we believe the Special Health and Accident Plan sponsored by the North Carolina Dental Society provides the best coverage available to us and feel that our members will make no mistake in making it their first choice for several reasons, especially because it provides up to five years for each sickness as against only one or two years in other plans offered our members.

Another reason is that we think good claim service is the key to good protection. Our State Society Plan, as administered by J. L. Crumpton, Durham, North Carolina, Manager for our insuring company, has been warmly praised by our membership during the past eleven years for his prompt and full payment of all claims without contention and troublesome detail.

It is not our desire to unduly influence your choice or action, but urgently recommend that every dentist in our Society not already insured under this Plan avail himself of this protection without delay. Other plans are suggested only to supplement this coverage where more protection is needed.

The following pages describe the benefits to which you are entitled.

Respectfully, submitted,

Joe V. Davis, Jr., Chairman
Insurance Committee

Your committee wishes to thank Mr. Crumpton for his prompt and efficient handling of this plans affairs. This company has approximately 550 members of the North Carolina Dental Society insured under the North Carolina Sponsored Plan. During the past year claims for the Group amounted to \$78,000.00, which is the heaviest claim record since the Group became effective in 1943. During the year, there were a number of members who were disabled for the entire year. In fact, some of them have been running about two years. Six members of the Society, during 1954, drew nearly \$30,000.00, in disability benefits. You can readily see how greatly that affected the total losses sustained.

The more we observe the North Carolina Dental Society Plan the more we are convinced that it is highly important that the younger men coming into the Society join the Group.

We are pleased that the 50% membership in the American Dental Association sponsored plan was reached, making it possible for those members who are ineligible for coverage under other plans to now obtain good coverage from the A.D.A. plan. We would like to use this report as a medium to inform and encourage these men to avail themselves of this opportunity. Also we feel that in some cases one Company may not offer adequate coverage. Therefore we encourage the use of the two plans to supplement one another.

One problem came to the attention of the committee concerning Liability Coverage for new members. This was taken up with Mr. A. C. Givens of the Charlotte office of the Aetna Casualty and Surety Company. I will quote from his letter the manner in which this problem is now handled:

"The problem that you mentioned in your letter was reviewed by us a few months ago. The procedure we now follow is, if an application is submitted by a doctor who has not previously been a member of the North Carolina Medical Society but indicates on his application that he has applied for membership, we immediately issue a policy for the doctor. At the same time, we write a letter to the secretary of the North Carolina Medical Society and request the secretary that if he has any information which would lead him to believe we should hold up issuance of the policy until the application is acted upon, that he notify us immediately. We follow up on the matter to be sure the application is acted upon favorably but some times this takes quite a few months. In most cases, the original application goes first to the local society who must then refer it to the state society. Because of no meetings during the summer months or for other reasons, the application can be delayed, therefore, for maybe as much as six (6) months. We believe, however, that the procedure we are now following satisfactorily takes care of the doctor during the interval."

In the mind of your committee chairman this represents a very satisfactory solution to this problem.

Your committee feels that the Health and Accident Insurance available is very satisfactory and offers exceptional coverage possibilities.

The recommendation of your committee is that members investigate and obtain more than just the minimum liability coverage. We feel that this lowest coverage is inadequate in most of our cases and that greater coverage should be carried.

Prosthetic Dental Service Committee

C. C. Poindexter, Chairman

Coyte Minges

F. O. Alford

Walter McRae

Hubert S. Plaster

The American Dental Association worked out the original plan and requirements of accrediting commercial dental laboratories.

The purpose of the accreditation was to develop and maintain a cordial relation between the profession and the laboratories for the best interest of the health of the people. Among the many requirements, the most pertinent were:

1. Must not violate nor permit technicians in their employ to violate the current dental laws of the State in which the laboratory operates.

2. Must render services only to legal practitioners of dentistry.

- A. This does not prohibit the construction of demonstration cases for laboratories or manufacturers.

3. Must not employ, nor retain in its employ, any technician who has been found guilty of a violation of a dental law in a court of record of any state, without the approval of the State Prosthetic Dental Service Committee.

4. Must conform to the regulations and prevailing standards of sanitation, health, labor, and safety of the state and community in which it operates.

5. Must not, by any means, method, or device, advertise to the general public.

6. Must comply with, and follow explicitly the written instructions of the legal practitioner of dentistry for the construction or fabrication of any dental appliance which it accepts for construction or fabrication when they are furnished by the dentist.

7. This section is interpreted to mean that no change of design nor substitution of materials may be made without the knowledge and approval of the legal practitioner of dentistry who required the service, except by previous mutual understanding.

8. Must deliver with each completed dental appliance an itemized statement showing the name and quality of materials used in its fabrication.

9. Must have a staff of technicians adequately trained for the types of work which they are doing.

- A. The interpretation of this requirement will be made by the State Prosthetic Dental Service Committee to conform to local conditions.

10. Must have adequate equipment for doing the types of work which are accepted by the laboratory.

11. Must have satisfactory credit relations.

12. The annual fee for accreditation shall be Ten Dollars (10.00) for all laboratories with five or less employees. The annual fee for laboratories with more than five technician employees shall be on the basis of Two dollars (2.00) per technician employee with a maximum annual fee of Two Hundred and Fifty Dollars (250.00).

In putting the program in operation in 1947, the North Carolina Dental Society adhered very closely to those agreements of the parent organization. Later it was recognized that the various states presented different problems in the administration of the program, that is certain understandings in one state were not applicable in another. On at least one occasion the House of Delegates of the North Carolina Dental Society approved some changes in our set up in the hope of making the program more successful.

By virtue of meeting the requirements of your committee the following number of laboratories have been approved during the past several years.

1947.....	20
1948.....	22
1949.....	28
1950.....	28
1951.....	32
1952.....	35
1953.....	35
1954-55.....	30

There is perhaps a decrease in number of states that are now operating the actual accreditation plan, but many states have a modified program with certain understanding and it is understood doing very nicely.

At the Miami meeting last fall the American Dental Association re-affirmed its position that properly planned state society program for accreditation or approving dental laboratories with the support of the dentist and the laboratory industry should be the most practical device for improving dental laboratory service.

The program is entirely voluntary. No compulsion on either the dentist or laboratory owner. It is also self supporting and all fees collected above the actual expenses of the operation were returned to the North Carolina Dental Laboratory Association and used by that group for educational purposes. Under the present set-up, however, any surplus is to go into the Relief Fund of the North Carolina Dental Society.

It is noted that 30 places of business were approved last year. This is a good average for past several years. Incidents to administering the program were about as usual. During the year a couple of illegal practices on the part of technicians were reported. Interesting to observe that both of those infractions of the law were reported by owners of accredited laboratories. Reports of these infractions were in turn sent to the Secretary of the State Board of Dental Examiners. Future plans of the committee are to continue an energetic program by re-examining and inspecting all those who have been recognized and give ample opportunity to those meeting the qualifications to participate in the program.

FINANCIAL STATEMENT

From October, 1949 to October, 1954 total fees paid by accredited laboratories was \$2,234.15.

For educational purposes the Committee returned to the laboratories in

1949.....	\$200.00
1950.....	200.00
1951.....	150.00
1952.....	500.00
1953.....	400.00
1954.....	350.00

Making total of\$1,800.00

Over the six year period other expenses were incurred as follows:

1950	Multigraphing	\$ 20.00
1950	Printing	34.00
1950	Stamps	25.00
1951	Printing certificates	18.00
1951	Stamps	23.10
1952	Stamps	26.01
1952	Seal, Stamp, Mat	117.90
1952	Printing Accreditation Blanks	30.52
1952	Refund—Durham Dental Laboratory	10.00
1953	Printing Renewal Applications	20.50
1953	Printing	19.00
1953	Stamps	25.00
1953	Stamps	3.24
1954	Stamps	5.00

This expenditure of \$377.27 plus \$1,800.00 returned to the laboratories makes a total of \$2,177.27 and this subtracted from the \$2,234.15 leaves a bank balance in the Bank of Greensboro, Greensboro, North Carolina, of \$56.43.

AN AMENDMENT

TO THE PROSTHETIC DENTAL SERVICE COMMITTEE REPORT

We recommend that paragraph 4, page 252, 1954 Proceedings as adopted by the House of Delegates be changed to read that any surplus funds beyond the expense in administering the program be held by the Prosthetic Dental Service Committee or until there is some recognizable body of the North Carolina Dental Laboratory Association. In other words no part of these funds are to go to the Relief Fund or any other agency of the State.

DISCUSSION

DR. JENNETTE: I question, sometimes, whether the out-of-state laboratory is treated quite fairly, and as I look at this it seems to me that, for instance, Mr. Rothstein's is an old reliable concern, and it is a rather big item if he comes here and displays.

DR. POINDEXTER: Dr. Jennette, as these rules and requirements were changed by the House of Delegates last year, Mr. Rothstein, or any out-of-state laboratory, if they meet the requirements of the Prosthetic Dental Committee, has the same right to exhibit at this meeting, to advertise in the JOURNAL as those in the state.

DR. DIERCKS: If any laboratory outside of the state could display this year, why do we have no out-of-state laboratories exhibiting at our meeting?

DR. POINDEXTER: If Dr. Diercks will look around the exhibit space he will see there is no exhibit space left. In the second place, it seemed the Chairman of the Exhibits Committee did not invite any out-of-state laboratories.

DR. JENNETTE: Mr. President, I am not fighting for the Rothstein Laboratory, it makes no difference to me at all. For instance, a laboratory the size of Rothstein would find it rather steep to pay this fee. It would cost them about \$250, plus the space they pay for, which is not too cheap.

DR. POINDEXTER: Gentlemen, in view of the fact that the laboratories in this state have been a part of this for many years, they are interested in keeping cordial relations between the laboratory group

and the professional group, and they are perfectly willing to pay this fee. There has to be some control. If there is not some control—I hope you know what is taking place in some other states. The laboratories in the state are not complaining, so why should a laboratory from out-of-state, big or small, come in and take part in the program without paying the same fee our own laboratories pay?

DR. PEARSON: When my report comes up for discussion, you will have there some comments which our committee has made. The comment I want to make here, in regard to the laboratory practice act is this: we do not have to solicit any dental laboratory anywhere in order for us to put on a scientific program at our meetings. We can get our programs and put on scientific sessions without that. However, it has been the practice to invite these commercial people.

In 1947 when this Prosthetic Dental Service Committee was established, and worked out an agreement with the North Carolina Dental Laboratory Association, there was an agreement between the Association and its members, and the North Carolina Dental Society, to this effect: that each member of that organization would purchase one space at our annual meeting. That has never happened, 100 per cent. The first few years it worked very successfully; they came around with ten or twelve. Each year succeeding 1947, the number has decreased.

Mr. Noble, manager of the Noble Dental Laboratory, came to me last summer, earnest and sincere, trying to persuade, and help me in an effort to enlighten the membership to become a part of our state team. He felt that it was of mutual benefit for them to take part in the program. He gave me a letter of contract to the fact that he would secure one space. Two weeks ago, I had not received a check in the amount to cover his space. My secretary called him advising that his check would be expected before May 10. Mr. Noble informed my secretary that he would not exhibit this year; therefore he would not be obligated to his space.

We have no written contracts. Personally, I feel that his laboratory was obligated, and if we saw fit to induce him or persuade him, I think he should be obligated to pay for it.

The only thing is that Rothstein would like to come here, and Mr. Rothstein spent several dollars in long-distance telephone calls to me. When Mr. Rothstein was advised of the requirements, he stated he could not possibly pay that to come down here and exhibit. The prices were exorbitant.

Tonight, two of the most ardent supporters of this Laboratory Association came to me and told me that next year, there would be two members less of the North Carolina Dental Laboratory Association, namely Fleming's Dental Laboratory in Raleigh, and Woodward's in Greensboro.

I give you that, just for general information.

In my opinion, the fee that the Prosthetic Service Committee is setting for these people to become members is too high for the majority of the members to come in. If it is a protective measure, it is protecting too few.

Another thing I have found from the Exhibits Committee—hoping not to conflict with any other committee or any other organization—is that we feel the fees or the funds that are collected by the Prosthetic Dental Service Committee, by that act, immediately involve the North Carolina Dental Society as a part of the North Carolina Laboratory Association. We are sponsoring it. We are accepting funds from it.

In Dr. Poindexter's report, you will see, over the past six or seven years which he has reported here, tonight, that his total expense, is something like \$300. That would be approximately \$50 a year since this organization was born in our state. The \$10, or the fees that are paid to his committee are going to close shop. There are other laboratories that would like to come down and exhibit. They do not belong to the North Carolina Dental Laboratory Association. Nevertheless, they still have to pay the same fee. They do not like that. There is disharmony, I am sure, among their own members. As I told you, there are two that are not going to be members next year, and there are others who are not members at the present time.

The feeling of the Exhibits Committee is this: if there has to be a fee charged, let it be paid directly to the Laboratory Association, and not to any committee of the North Carolina Dental Society. Then we will not be a part of that organization.

If we see fit, then, to have a committee, a Prosthetic Dental Service Committee can be set up—which I wholeheartedly recommend—to continue its function as an advisory committee. If they are still empowered with the laboratories, fine. However, I think the question of fees, and the way they are paid into our organization, is what our entire problem is about.

DR. POINDEXTER: Mr. President, it seems that the Prosthetic Dental Service Report and the Report of the Exhibits Committee are so closely allied, I do not know whether discussion is due here or when Dr. Pearson's report comes up. However, I do believe, by Dr. Pearson's remarks, that he might not be in accord with the laboratory program.

First, the Prosthetic Dental Service Committee has not accredited the laboratories. The members are accredited by the North Carolina Dental Society.

I should like to say that at no time did any laboratory ever agree to take one foot of exhibit space not in the original agreement, nor in any other agreement. They did, however, agree to take advertising space in the JOURNAL, and one member of the Laboratory Association, when the Editor or the Secretary was professing to build the Association, signed a bill for space. However, at no time did the North Carolina Dental Laboratory Association agree to take one inch of space.

Dr. Pearson remarked that two prominent laboratory men said they will not be back next year. I believe he was thinking about a member of the Laboratory Association. There is not strife; there is disagreement among the laboratory men, just as we have our disagreements.

May I refer to his quote here? He says the American Dental Association ceased its major activities along that line. That is just one of the inaccurate statements. At its meeting, the American Dental Association

reaffirmed itself and its faith in that program. However, as it has done for the last few years, it advised each state to go on a so-called single basis, because each had a different problem. However, it is still interested in the program, and before this thing is over—I do not think anyone knows more about this than Frank Alford and Fred Hale—I should like those boys to be heard.

(At President Walker's suggestion, this report was tabled until the final meeting of the House of Delegates when it was accepted without further discussion.)

State Institutions Committee

Robert E. Masten, Chairman

J. G. Poole

C. W. Poindexter

O. L. Presnell

W. M. Matheson

As far as can be determined at this time by this committee the dental activities at the state institutions are being carried out in a satisfactory manner.

As Chairman, I have reviewed no unfavorable reports nor request for any changes as regard to the dental services.

DISCUSSION

DR. G. L. HOOPER: I should like to make this comment—not reflecting on the committee at all. I have observed that the reports of this particular committee are similar, year after year. I question it. I know there are some state institutions that do not have a dentist at all, and some have one part-time, and that as far as I can ascertain, all institutions are desirous of having a dentist within their institutions.

I am wondering if it would be possible for this committee to question by phone, personally or otherwise, the superintendent of each state institution regarding its condition as far as dental care is concerned, and those institutions, within our state, that do not have a dentist whether we might not be able to work with them in making an effort to secure a man for those particular institutions.

We could render these institutions a real service by our assistance in getting dental personnel if some are available. I realize they are hard

to get, but the state institutions are paying a fairly good salary. They will pay \$7000 per year, plus maintenance, including a house and all utilities.

I should like to see us do something about this, therefore, I make a recommendation, or a motion, that the chairman of this committee, immediately after being appointed, contact these institutions and help them in any way he and his committee might be able to.

RESOLUTIONS COMMITTEE REPORT

Whereas, the State Institutions of North Carolina are not properly staffed in the Dental personnel to provide adequate treatment for their patients, and whereas the North Carolina Dental Society is willing and anxious to render every service possible toward securing such personnel, therefore be it:

Resolved that the State Institutions Committee of the North Carolina Dental Society be requested to contact the heads of the various State Institutions and offer them any assistance that the North Carolina Dental Society may render.

We endorse this resolution:

W. H. Breeland, Chairman

This report, and the Resolutions Committee Report were adopted by the House of Delegates, May 16, 1955.

Relief Committee

Paul Fitzgerald, Chairman

S. H. Steelman

J. H. Guion

J. T. Lasley

Wilbert Jackson

Receiving aid from the fund at this time are three members of the Society and the widow of a member, this lady is past seventy-five years of age, almost totally blind, her husband was ill and unable to practice for nine years prior to his death last June.

During the past year we made forty-eight payments which amounted to a total of \$2,520.00

We have pending one application for aid, if this application is approved we will have five recipients, this will make the monthly payments \$262.50, per month, a total for the ensuing year of \$3,150.00.

Our income for the past year was as follows:

Received from the American Dental Association	\$ 781.25
Received from the Ladies Auxiliary	1,673.04
Total Receipts	\$2,454.29

We have a bank balance at this time of \$1,201.30

Our Relief Fund constitutes the cheapest disability protection we can obtain. The average member receiving aid being paid \$105.00, per month receives more in one month than he would pay in dues in over 100 years.

It is the sense of this committee that we will have to obtain more funds or in the foreseeable future we will be compelled to reduce the amount paid monthly to members.

The relief extended to those members who through misfortune, illness and the infirmities of age are unable to support themselves is an important function of our organization and it is our paramount duty to keep our Relief Fund in a condition that enables us to give aid to our unfortunate members.

Advisory Committee for Veterans Administration

Guy E. Pigford, Chairman

Riley Spoon

P. B. Whittington, Jr.

C. A. Graham, Sr.

Walter Clark

Since the meeting of the North Carolina Dental Society in Pinehurst in 1954 there has been but one case in which the Veterans Administration felt it necessary to call upon this committee for consultation.

This was a case in which the participating dentist signed a voucher for a certain class of work and failed to deliver this class of work to the patient.

The Veterans Administration discovered this during a routine examination of the patient. The dentist in question was removed from the eligible list and required to reimburse the Veterans Administration for the work he failed to deliver.

The committee therefore makes the following recommendations for guidance of the members of the North Carolina Dental Society.

1. Complete all work exactly as stated on voucher. Do not substitute unless permission has been obtained from Veterans Administration. This does not apply where it is necessary to extract a tooth that was marked to be restored.
2. Do not mail in vouchers as being completed unless work is finished. If time limit expires, get extension.
3. Do not change work from that authorized and make additional charge to Veteran for the changes.
4. When in doubt as to how to proceed write the Veterans Administration.

Dental Advisory Committee to the University of North Carolina

S. Everett Moser, Chairman
C. C. Diercks
S. W. Shaffer
C. H. Teague
Paul Jones
Milo Hoffman
John L. Ashby
G. L. Hooper
R. S. Jones
J. D. Broughton

The committee called its meeting at 4 P. M. May 15, 1955, at the Carolina Hotel, Pinehurst, North Carolina.

There was a discussion for about an hour concerning the organization and planning of the Committee and to have the reports and questions of various members of the committee.

Dean John C. Brauer of the School of Dentistry then was invited to attend the meeting to make a report of the activities and progress of the school. He made the following comments:

1. The first class with 34 students graduated in June of 1954.
2. The Council on Dental Education of the American Dental Association following an inspection in May 1954, gave formal full approval to the School of Dentistry.
3. That the University of North Carolina School of Dentistry became the first school in the country to be formally examined in its graduate program for the several specialties. This was a pilot study on the part of the Council on Dental Education, and to-date no plan for approval or non-approval has been adopted by the Council for graduate school education.
4. The Council on Dental Education again visited the school this May, 1955, for a final evaluation of the Dental Hygiene program. The Council will report formally on this inspection at an early date, and there is every reason to believe that full approval will be granted to the Dental Hygiene curriculum.
5. The school now has two graduate programs working toward the Master of Science degree in Orthodontics and Oral Surgery, and Pedodontics will be added this coming summer. The first graduates in Orthodontics completed their work in August of 1954. All these programs have been developed with a view of preparing the candidate for subsequent certification in the specialty.
6. The second class of 39 graduates will be realized in June 1955.

7. There has been an excellent and adequate distribution of patients in all clinical areas of the school.

8. There are now 143 girls registered in the Dental Assistants Extension Study Course. Girls are registered from all areas of the country.

9. The intramural practice program was discussed in its various phases. Dean Brauer indicated that the gross income of the 19 participating dentists ranged from \$5,000 to \$7,000 per month, that 50 per cent of this gross went to operating dentists as supplemental pay, that 40 per cent was used for payment of supplies, replacements of equipment or new equipment, salary of office personnel, etc.; that 10 per cent was paid to University fund for heat, lights, and janitorial service. The Dean indicated that a University Business office auditor checked all books and accounts at intervals to permit the Administration concerned to evaluate the program.

10. Postgraduate (one week) courses also have been activated this past year in Pedodontics, Periodontics and Prosthodontics. Further announcements will be made in this area.

11. Dean Brauer extended an invitation to the Committee to visit the school individually or as a group to permit long range planning for further developments in all areas of dental education.

The chairman would like to recommend that the committee next year make a careful study of the possible future impact on the profession of a large number of new graduates in dentistry. If possible, the average of men now in practice, with their probable professional life expectancy, combined with the average population growth in the state, might be considered in the light of the addition of some forty to fifty new dentists graduating from our own school each year. If the results of this study indicate that there may be an over-supply of dentists in this state within the next few years, a recommendation might be in order to the school that a larger percentage of out-of-state applicants be accepted as students. Since South Carolina has delayed its plans for a dental school, an arrangement might be made to take more students from South Carolina, and, for that matter, other southern states.

The North Carolina Dental Society paid considerable money for an extensive survey, made by the late Dr. John T. O'Rourke, on the Dental Needs and Facilities of North Carolina. This survey was made possible, if you will recall, by voluntary contributions from members of the North Carolina Dental Society sponsored by the Dental College Committee. Future Dental Advisory Committee members would do well to re-evaluate this comprehensive report, bringing it up to date.

Clinic Board of Censors

H. C. Parker, Chairman

D. F. Hord

R. B. Lessem

E. R. Teague

W. H. Finch, Jr.

We wish to sincerely thank all the dentists that presented table clinics at the Ninety-Ninth Anniversary Meeting of the North Carolina Dental Society.

All were concerned with vital phases of dentistry and all were presented most effectively. We, the committee, would like to single out several as representative and outstanding and recommend they be invited to present their clinics at the American Dental Association meeting in San Francisco.

Clinicians—J. J. Lauten and R. S. Turner, Greensboro
Subject —Elastic Impression Technic for Crown and Bridge

Clinician—Robert E. Finch, Raleigh
Subject —Permalastic Technic for Single and Multiple Impressions

Clinician—J. K. Holladay, Charlotte
Subject —Anatomic Versus Non-Anatomic Teeth in Full Denture Construction

Clinician—J. Wilfred Gallagher, University of North Carolina
Subject —Problem Cases in Periodontics

Clinician—Freeman C. Slaughter, Kannapolis
Subject —General Anesthesia in Dental Practice

Clinician—Joseph Fremont Burket, University of North Carolina
Subject —Demonstration Models—an Easy Method of Fabrication

Clinicians—Durham-Orange Dental Assistants Society
Subject —Learning Through the A.D.A.A. Extension Study Course

Advisory Committee to the Dental Hygienists' Association

Amos S. Bumgardner, Chairman

S. P. Gay

Wade Sowers

Carl L. Bowen

Carey T. Wells, Jr.

R. M. Olive, Jr.

F. Spencer Woody

In October of 1954 the North Carolina Dental Hygienists' Association entertained at tea the dental hygiene students at Chapel Hill. At that time a \$100.00 grant was presented the Dental Foundation of North Carolina as the initial gift toward the Blanche C. Downie Memorial Fund. This fund is to be used to aid a second year student in dental hygiene.

The Association sent a delegate and alternate delegate to the national convention in Miami. The delegate presented a table clinic which was enthusiastically received by those in attendance.

At the National meeting Mrs. Nancy Horton was elected Trustee, District VI, American Dental Hygienists' Association. She is the first North Carolina hygienist to hold that position. We are proud of the honor to her and to the state.

Miss Emma Mills is serving on two National committees.

The Association gained eight new members this year, bringing the total membership to twenty-five.

An excellent program has been planned for the annual meeting in Pinehurst. We expect a record attendance, and will have for the first time the students in oral hygiene at Chapel Hill.

Plans are in the formative stage to organize a component society in Charlotte. We feel that is a major step for our organization.

A proposed five-dollar increase in state dues will be voted on at the Pinehurst meeting. That indicates much growth.

Next March the North Carolina Dental Hygienists' Association will be hostess to the Second Biannual Meeting of District VI, comprised of the nine southeastern states. The two-day meeting will be held in Chapel Hill. The Dental School has very graciously offered assistance in our efforts to make it a most informative and beneficial session.

The North Carolina Dental Hygienists' Association would be very happy to see some modifications made in the dental hygiene practice act of this state.

Liaison Committee to the Old North State Dental Society

Neal Sheffield, Chairman

C. W. Sanders

Clyde Minges

Cecil Pless

Ralph Jarrett

The Liaison Committee to the Old North State Dental Society wishes to report that the committee has not had any calls or communications from the Old North State Dental Society. This committee has repeatedly made it known that it stands ready to cooperate and assist them in any way possible.

There have been no calls for assistance in securing speakers and clinicians from the membership of the North Carolina Dental Society. If such requests are made known to us we will cooperate to the fullest extent, as has been done in previous years.

We urge the members of the North Carolina Dental Society to cooperate fully in any requests that might come from any of their local, district, or state societies to supply speakers and clinicians whenever requested.

Arrangements Committee

C. D. Eatman, Chairman

Norman Ross

James Zealy

C. B. Fritz

E. M. Medlin

M. L. Cherry

R. S. Turner

During the past years the chairman of the Arrangements Committee has met with the Executive Committee at Pinehurst in January, at which time the duties of the committee were discussed and various suggestions were offered by members present.

It was decided at this meeting that an Arrangements Committee Booth be used as an information center. It was also decided that members of various committees would be delegated to function under the jurisdiction of the Arrangements Committee in all of its endeavors.

Since it is the duty of the Arrangements Committee to be in complete charge of all special committees and be responsible for their functions, I would suggest that the name of the committee be changed to General Arrangements Committee. I would also suggest, that since this committee has such an important task to perform, that it head the list of

special committees. I know that a good, responsible person heading this committee each year will see that everything is in order and well arranged. This will take a great headache off the shoulder of the president each year.

Hospital Dental Service Committee

Norman F. Ross, Chairman

C. D. Eatman

P. B. Whittington, Jr.

Dan Carr

G. L. Hooper

S. E. Moser

Your Hospital Dental Service Committee wishes to report that members of this group visited and inspected the Durham Veterans Hospital on September 29, 1954, with the purpose of examining the Dental Department for approval or disapproval of its fitness to train residents in Oral Surgery, for the American Dental Association.

Arrangements have been made to visit Camp Lejeune, North Carolina, during the month of April, to examine their Dental Service for the Council on Hospital Dental Service of the American Dental Association.

The chairman would like to commend the cooperation and sincerity of all the members of this committee.

Dental Caries Committee

Grover Hunter, Jr., Chairman

Thomas Nisbet

L. H. Butler

Allen Cash

A. C. Current, Jr.

Pearce Roberts

Paul T. Harrell

The Dental Caries Committee of the North Carolina Dental Society had a call meeting on November 27, 1954, at Chapel Hill to consider the Plan of Operation of the Caries Count Service by the University of N. C. School of Dentistry. The plan was approved by the members of the Committee, and accordingly the Plan was activated as of January 1, 1955. Thus one of the recommendations of the 1954 Caries Committee which was endorsed by the House of Delegates in May, 1954, has now been carried out.

We did not consider it advisable to notify North Carolina dentists or to place any notice in the State Journal of the availability of this service, as this would be considered a violation of ethics of the specialty practice of Oral Pathology.

The Dental Caries Committee would like to make the following recommendations to the North Carolina Dental Society with the suggestion that *Prevention and Control of Dental Disease* be the theme of our efforts in raising the level of oral health and dental service in North Carolina.

1. A more comprehensive patient and public education with motivation from the local and state organizations concerning diet in relation to dental caries and oral health.
2. The presentation of our views to the public locally when opportunity is afforded. This would also include the suggestion welcoming opportunities to talk before our local medical societies so that our views on oral health could at least be presented to our medical colleagues.
3. The utilization of the Caries Count Service at the University of North Carolina School of Dentistry wherever indicated in the local dental office.
4. Cooperation and support of the efforts of our Committee on Fluoridation.

Housing Committee

Howard Branch, Chairman

J. C. Senter

W. H. Young

C. B. Johnson

Gary Hesseman

A. J. Galarde

C. W. Stevens

The Housing Committee wishes to report that its work has been completed. The membership of the Society has been assigned rooms by the Carolina Hotel, Pinehurst, North Carolina. Several clinicians and special guests have been assigned rooms from the official block of reserved rooms.

The expenses of the committee are as follows:

1000 Government printed and stamped envelopes	\$38.54
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The envelopes were addressed by the editor. The hotel application blanks were furnished, inserted in the envelopes, and mailed by the Carolina Hotel.

The present system of the Housing Committee seems to be working quite well, therefore, I have no changes to recommend.

Rural Health Affairs Committee

L. M. Massey, Chairman

Fred Hale

C. M. Whisnant

Walter Finch

W. S. Griffin

Ben H. Webster

The Rural Health Affairs Committee of the North Carolina Dental Society would like to present its report for the year 1954-1955.

Our greatest step forward in the Rural Health work for the Society has been to work with the North Carolina Medical Society's Executive Secretary for Rural Health and the Rural Health Committee of the North Carolina Medical Society. The chairman of the North Carolina Dental Society's Rural Health Committee was invited to attend all of the Rural Health Meetings of the North Carolina Medical Society, and our greatest accomplishment has been the participation in the Rural Health Conference held in Raleigh in September 1954, and securing a place on the program for dentistry and a dental speaker. Dr. John Brauer, Dean of the School of Dentistry of the University of North Carolina, was invited to make a speech and sit on a panel to discuss dentistry in this conference. Dr. Bernard Walker, President of the North Carolina Dental Society, and fourteen other dentists were presented and recognized in this conference in which dentistry played a prominent part. Heretofore, dentistry had, by default, never been recognized or had a place in the Rural Health Conference except by Dr. Ernest Branch. We feel that much was accomplished for dentistry and for the general public in this conference.

The Dental Society's Chairman at a Committee meeting following the conference, recommended that in 1955 we hold three health conferences in order to reach more people. The committee adopted this idea, and one conference was held in Greenville on March 17, 1955, and another in Asheville on March 24, 1955. The third conference will be held in Raleigh during the month of October, 1955. In each of these meetings a composite program of all phases of rural health was discussed, and dental health was again presented by the Dean of the School of Dentistry of the University of North Carolina. Also, a question and answer panel discussion was used in these conferences.

The Chairman of the North Carolina Dental Society Committee on Rural Health was Chairman of the Evaluation Committee of these programs and in the questionnaire handed out for evaluation, dentistry was the second important subject of which information was requested.

In making arrangements for the Asheville and Greenville meetings a local dentist was asked to assist. Dr. Walter McFall, Asheville, and Dr. M. B. Massey, Greenville, rendered excellent service, and dignified the profession of dentistry in their co-operation for the conferences.

RECOMMENDATIONS:

1. The North Carolina Farm Bureau Federation publishes a monthly paper, and it has been agreed that they will accept and publish dental information for its seventy-six thousand rural families if the committee will furnish the material. The committee would like to recommend that the North Carolina Dental Society authorize the committee to select and furnish dental articles for publication in this particular paper.

2. The committee would also like to urge the Society to give emphasis to the responsibility of the local dentists to make talks before Parent-Teacher Associations and Civic Clubs whenever possible to give the information of dental health to the people in their localities.

3. The Medical Society's Rural Health Committee estimated the cost of the conferences as approximately \$1,000.00 each. The Committee recommends \$50.00 be contributed to the Medical Society for each of the three meetings which have been held in 1954-1955, and while we cannot make future commitments, we should like to recommend to the incoming administration that it include a contribution of \$50.00 to the Rural Health Conference to be held in Raleigh in October of this year.

The Committee wishes to express its appreciation to Dr. John Brauer for filling the speaking engagements on all conferences and acting as the dental profession's panel member on the respective panels of discussion in the conferences.

Advisory Committee to the Dental Assistants Association

Burke W. Fox, Chairman

F. C. Mendenhall

R. M. Olive, Sr.

L. C. Hedman

H. M. Hunsucker

Dan T. Carr

W. J. Turbyfill

The state society for the dental assistants is an entirely independent organization from the North Carolina Dental Society, financed and run entirely independent of our organization. However, since many of their problems parallel, or in some cases conflict with the dental society, they have brought in the past, some of their problems before the Executive Committee or House of Delegates to get help or avoid conflicts.

This committee is a new one, appointed for the purpose of advising the dental assistants, and saving the time of our Executive and other Committees.

Several members of the Committee have met with the Association to help with their problems, and aid them in various ways. Since the purpose of the committee is to save time for the Dental Society a detailed report is unnecessary. Our aim has been to encourage them to settle their problems, and as a result we have not found it necessary to bring the Dental Society into the picture.

Public Relations Committee

John C. Brauer, Chairman

C. B. Wolfe

D. B. Seitter

W. T. McFall

J. B. Freedland

Royster Chamblee

The Public Relations Committee has endeavored to approach the Committee's assignment in three different areas: (1) Vocational Guidance, (2) Television, and (3) Miscellaneous Appearances for Radio, Civic Clubs and State Organizations.

Vocational Guidance. The Auxiliary of the North Carolina Dental Society is to be commended most highly for the acceptance of this project as one of their primary areas of interest. The ladies of the Auxiliary have visited a hundred or more high schools to activate an interest in vocational guidance as related to dentistry. Accordingly, a member of the Auxiliary after the school visitation requested the Dean of the School of Dentistry to send an adequate number of folders: (a) Career in Dentistry, (b) Career as a Dental Hygienist, and (c) Career as a Dental Assistant. In many instances talks by dentists supplemented the folders. Recruitment, through this medium, permits the story of dentistry to be told to large numbers of high school and junior college students. It is an excellent and valuable public relations mechanism. Fortunately, there are too many ladies of the Auxiliary and too many dentists to list their names or indicate their appearances. They, however, did render a splendid service to dentistry.

Television Programming. A considerable number of members of the North Carolina Dental Society contributed their talents on stations throughout the state, including Drs. W. McFall, Cecil Pless, W. W. Demeritt, Joe Burket and others.

A meeting also was called by the University's Television Council, extending invitations to the dental and medical societies and various health agencies. The president of the North Carolina Dental Society and the Public Relations Committee of the Society were invited to the meeting to be briefed in the development and planning of the University's TV station and potential programs.

Four spot announcements regarding the values of dental health were developed by your chairman with the aid of the University production directors for the live basketball games at the University. These were used by the sports announcer in at least two games.

In addition to the above, two TV dental spots (one minute) have been developed by the University production directors with the guidance and approval of the Public Relations Committee and the Executive Committee of the Society. These spots are being developed on films for subsequent use during various athletic events, not only usable here at UNC, but also by any sports commentator. If these dental spots are satisfactory and desirable from the dental society's point of view, additional films (one minute) will be made. The production costs for these first two dental films is absorbed by the TV budget. Further development will warrant Dental Society support financially.

General TV programs relating to dental health education as well as other health topics now are being developed for broadcasting via the University's Channel No. 4.

Radio, Civic Clubs and State Organizations. There have been a considerable number of appearances by members of the dental school faculty, members of the Public Relations Committee, and others in the profession on radio, civic club programs and miscellaneous state organizations (such as Rural Health Programs).

Budget 1954-55. One hundred dollars was allocated for the Committee during the fiscal year. To date, \$15.47 has been spent for postage and miscellaneous ADA publication materials. A balance of \$84.53, therefore, is available.

Recommendations:

1. That the primary function of the Committee be retained as cited in first paragraph of this report.
2. That a sum of \$1500 be authorized for the Committee for the fiscal year 1955-56. That not more than \$1250 of this total sum (\$1500) be expended for development of Television (spots) shorts at U.N.C. TV studios. Such spot movies for TV to be approved by the Public Relations and Executive Committees of the North Carolina Dental Society before production is started or funds committed. The \$250 is to be used to purchase ADA publication (Career in Dentistry) and other materials for public relations programs.
3. That the purpose and function of this committee, in relation to other committees with possible overlapping purpose and function, be defined more clearly by the House of Delegates.
4. While this report in preliminary form (less cited recommendations) has been transmitted to all members of the Committee, the chairman does not have Committee approval of this report at this time. This revised report will be sent to each of the Committee members for their further review and comment.

Military Affairs Committee

Elliott R. Motley, Chairman

E. L. Eatman

J. R. Edwards, Jr.

Jack L. Raymer

W. T. Burns

As Chairman of the Military Affairs Committee, I wish to report that during the last year, since there was no call made on this committee and since the committee saw no reason for action, this committee has remained inactive.

In future years, for the sake of clarity and understanding, it is recommended that the duties of this committee be distinctly outlined, since there is some confusion as to the function of this committee.

Advisory Committee to the School Health Coordinating Service

Z. L. Edwards, Chairman

M. H. Truluck

Ralph Falls

W. B. Sherrod

Guy Willis

Sam Bobbitt

Paul Fitzgerald

During the past year this committee continued its study of the School Health Program and the policies under which it has been and is now administered. We feel that it would be an unnecessary reiteration of our previous findings and recommendations to restate them at this time. If you have read the reports of this committee in the past you will recall that we have repeatedly called to the attention of the responsible heads of the School Health Coordinating Service instances of abuses, extravagance and duplication of services of other agencies of Government. At the same time we made recommendations which, in our humble opinion, were designed to provide more services for less money, eliminate many opportunities for abuses, revitalize the spirit of community responsibility, and, in the end, to bring about some semblance of stability and harmony out of a state of chaos and confusion.

In spite of our humble pleadings and honest protestations during the past three years, in so far as we are aware, there have been few changes, if any, in administrative policies during the past fiscal year. However, if we read correctly the signs that have recently appeared upon the horizon of reality we are bound to conclude that there is being experienced at this hour an acute awakening within the mental processes of those who have heard but would not listen; those who have seen but would not believe.

At the time this report is written we do not know what the final decision of the Legislature will be with respect to the amount of the appropriation, or the rules and stipulations that may be adopted for the purpose of governing the expenditure of funds. At one time the Sub Committee on Appropriations voted to cut the usual appropriation of \$550,000.00 for each year of the biennium and to transfer the funds to the budget of the State Board of Health where, in our judgment, the funds and the authority to administer the program should be. Later, as a result of pressure from the State Education Department the committee voted to restore most of the funds and let the program be administered as is. This action on the part of the Sub Appropriations Committee, together with the many searching questions asked concerning the program strongly indicate that many of our law makers are not too happy

over the way the program has been administered. Some members of the General Assembly were in favor of abolishing the program; others were in favor of reducing the funds by one half and transferring them to the budget of the State Board of Health, while many were in favor of reducing the amount of the funds and then stipulating in the appropriations act some rules governing the expenditures. Regardless of what the final decision by the Legislature is the responsible heads of the School Health Coordinating Service should take warning that during the next biennium the program will be on trial as never before, and unless immediate steps are taken to revise their present planning of expansion and to adopt policies designed to eliminate abuses, extravagant spending of the funds, and the duplication of services, the School Health Program that we have known heretofore will become only an unpleasant memory at the end of the next biennium. You will note that this varying degree of opposition and dissatisfaction with the program prevailing among members of the General Assembly resulted in spite of the fact that only those who favored the present program appeared before the Appropriations Committee, and of course, reserved for themselves the privilege of withholding the bad features of the program. This committee has before it facts that justify the conclusion that had some of those who are familiar with the administration of the program availed themselves of the privilege of appearing before the Appropriations Committee and giving the true facts that final decision of this Legislature would be quite different. It has been the earnest and sincere hope of this committee that in calling attention to the many weaknesses of the program that the administrative heads of the School Health Coordinating Service would revise their planning and initiate a reform in administrative policies before the Legislature felt compelled to do it for them by incorporating in the Appropriations Act certain specific rules and regulations, however, like in the Biblical days of the Old Prophet Isaiah our pleadings have been ignored. Consequently, it is our guess that the time may come soon, even sooner than we expected, when the administrative heads and those who participate in the program in a professional capacity will not have as wide a latitude in the formulation of policies and working arrangements as we have had heretofore.

Now, in fairness to all concerned it must be admitted that those who have provided the professional services should share some of the blame. Too many of our own members have refused to participate except on a "Do as you please plan of operation," or on a fee basis satisfactory to them, notwithstanding prior unanimous recommendations of this society. It must be remembered that this committee is not an enforcement agency. We merely seek to do our duty in making an honest effort to report correctly our findings and recommendations. Whether or not the members of the North Carolina Dental Society see fit to approve, adopt, or abide by the recommendations is a privilege which the members of this committee would deny no one. We have tried to emphasize the fact that it would be more desirable to all concerned for us to have the privilege of working under a fair and mutually acceptable state-wide voluntary plan than it would be under the red tape and rules forced upon us by Legislative enactment.

In closing this report we wish to take notice of a press report attributed to our State Health Officer who is one of the two responsible heads of the School Health Coordinating Service. In his report to the North Carolina Medical Society here at Pinehurst two weeks ago he is reported to have compared those of us who have criticized the School Health Program with those who were originally opposed to vaccinations and other Public Health preventive measures. What our esteemed State Health Officer seems to have overlooked is the fact that the discovery of the effects of small pox vaccination, typhoid inoculation, diphtheria immunization and even the Salk vaccine were results of long and painstaking study and scientific research, working in laboratories with test tubes and microscopes. In the case of the present school health program

it requires no test tube or microscope, except that of personal experience and observation, to discover the bad planning and the unwise policies that have characterized the program during the past five years. We feel that this "shrug of the shoulder" attitude of the policy makers in not being willing to admit mistakes and to accept suggestions from those whose only motives are to be helpful in making the program a success is most regrettable.

Centennial Committee

Frank O. Alford, Chairman

J. Martin Fleming, Co-Chairman

The committee met Sunday afternoon with the following members present: Drs. Carey Wells, J. Martin Fleming, Fred Hale, Alex Pearson, Frank Atwater and Frank Alford.

The purpose of the meeting was to arrange plans for the Centennial meeting of the North Carolina Dental Society. It was decided to explore the possibilities for the Centennial meeting, and the following suggestions were offered.

1. Show pictures on a screen of the eight original founders.
2. Make program interesting, quick and snappy.
3. Have a thirty minute talk on "A Century of Service."
4. Have a thirty minute talk on "A Century of Dentistry."
5. Contact Kay Kyser and try to encourage his participation in the program.
6. Have a ventriloquist to go through the audience to add life to the entertainment.
7. Ask the Dental Auxiliary to put on a skit using costumes of 1850 to 1860.
8. Contact an artist about possibilities of a mural of the progress of dentistry, or possibly a painting of the eight original founders, to later be hung in the Dental School of the University.
9. Have costumes of whiskers and mustaches for all members to wear to add color to the program.
10. Engage a good band for dinner and dance, dance to be costume of that period.
11. Have Glee Club sing old songs of the period.
12. There is a promise of exhibits from two of the older dental schools in this section. S. S. White has promised to send a suitable exhibit, provided we will insure it and have someone appointed to take care of it. Unpack it, display it, crate it and send it back to them. They will pay transportation, but do not have personnel to send along to take care of it.
13. It was thought we might contact the laboratories and supply houses and get a stamp published, or some stickers for them to use on their stationery. I do not know what the possibilities are of getting the Government to put out a memorial postage stamp, but congressmen will be contacted regarding this.
14. Investigate the possibilities of getting Andy Griffith for the program.

15. Work with the Entertainment Committee in working out plans for the meeting.
16. If possible, set up an operating room of 1860 and one of today as contrast.
17. If there are any members of the Dental Society who have skits they can put on we would like to know who they are and see if we can work them in to any advantage on this program.

As you know the North Carolina Dental Society has appropriated \$3,000 to put on this program. We could not take it all out of the budget in one year, so \$1000 has already been put aside, another \$1000 will be allocated for the program this year, and next year another \$1000 will be added. We ought to have a pretty good program for that amount of money. Perhaps it will not take that much. We hope it will not.

The committee will meet again in July, and after these possibilities have been explored we hope something definite will be decided and the program pretty well shaped up at that time.

Extension Course Committee

W. W. Demeritt, Chairman

L. M. Massey

D. L. Henson

J. F. Burket

Pearce Roberts

J. C. Farthing

The Extension Course Committee, working through the School of Dentistry and its Dean, Dr. John C. Brauer, concentrated on the establishment of an extension course to train dental assistants.

Realizing that there are many areas in the state that do not permit the establishment of courses for dental assistants that would qualify them for certification, the Committee felt that an extension program for those areas would be desirable.

This program for the extension training of dental assistants has now been completed and was fully approved by the American Association of Dental Assistants at their National Meeting in Miami, Florida, last November.

There are now 90 dental assistants who have completed or are taking advantage of this extension training.

Recommendation: The Committee recommends that the State Dental Society further publicize to the dentists of the more rural areas the fact that such training is now available to their dental assistants and to girls that are desirous of becoming dental assistants.

Fluoridation Committee

Pearce Roberts, Chairman

T. E. Sikes, Jr.

W. Stewart Peery

Fred Hunt

E. D. Baker

During the 1954 meeting of the North Carolina Dental Society, Dr. John C. Brauer, Chairman of the Fluoridation and Public Relations Committee brought to the members attention the formation of a corporation "The Fluoridation Educational Society of the Carolinas, Inc." At that time we knew that this corporation with substantial financial backing had as its objective a campaign for the removal of Fluorides from communal water supplies in North Carolina. During the past year we have watched this organization at work noting how effective its campaign was in Greensboro by influencing the people to vote in November 1954 the discontinuance of Fluoridation after two years successful operation. We also observed how effectively the dental society members of Charlotte prevented a similar occurrence in their city.

With a victory in Greensboro the group has begun their campaign in Greenville, South Carolina, promising a similar campaign in Hickory.

Your Fluoridation Committee has adopted a defensive role this year in addition to an offensive role. This being necessary because of the rapid growth of anti-Fluoridation groups in our state.

We realize that the dental profession cannot compete with these groups in their fanatical appeal to the people, we do believe as Dr. Ernest Branch so well stated, "That the right will eventually prevail." As a result we have suggested through each district president that each member of our Society avail himself with the scientific facts on Fluoridation so that he will be correctly informed. He should then inform each of his patients of these facts, at the same time exposing the anti-Fluoridation groups and members for what they are and represent. To see that the public has access to the scientific information on Fluoridation, we are suggesting that all public libraries in North Carolina have in their files material on Fluoridation compiled by the American Dental Association.

"Comments on the Opponents of Fluoridation"

"Science vs. Fanaticism: A report of the Hearing of the Weir Bill."

The *Toledo Blade* publication on Fluoridation and the book *Fluoridation as a Public Health Measure* by the American Association for the Advancement of Science should all be reviewed by proponents of Fluoridation as should the Ten Year Grand Rapids Fluoridation Study.

Nationally, there are approximately 20,283,000 persons now receiving Fluoridated water and 1,032 communities have the program in operation. During November seven communities voted out Fluoridation, Greensboro, North Carolina, being one of the seven.

Financial—

An adequate amount was appropriated by the executive committee to secure and distribute fluoridation material. This was done and

material has and is being distributed throughout the state under the guidance of our Fluoridation Committee.

NOTE: \$246.65 of the \$1000, appropriated was spent by the committees.

The members of the committee believe that a Fluoridation Committee should be appointed for the next year. It is essential that a group of members of the dental profession have knowledge of the most current information regarding fluoridation both state and nation wide. Only by having a committee appointed specifically are we sure that we as a profession in North Carolina can fully endorse and propose a Fluoridation program.

During the past year your committee spent hours acquainting themselves with this subject, also in obtaining material from every town in North Carolina over 15,000 population to determine the status of Fluoridation and now a permanent file has been started. We believe it wise to have one or two members of this committee retained so that the work begun this year can be continued in addition to the plans of the committee next year, thereby having a better informed committee that can cope with situations that may arise regarding Fluoridation.

During this year the Public Relations Committee has stood by, ready to furnish speakers to defend or propose Fluoridation. This has proven a very valuable support and should be continued.

Attached for reference and information is a copy of letters sent to all district presidents and copies of the most current information available on Fluoridation.

Dear Sir:

During the past months the Fluoridation Committee of the North Carolina Dental Society has been formulating plans that may be of aid to all members of the North Carolina Dental Society and eventually to all citizens of North Carolina. The members desire to acquaint all of our North Carolina members with the information we have acquired through study. If every one would acquaint themselves with the scientific data concerning "Fluoridation of Communal Water Supplies" we feel that every town and city would adopt this program thereby reducing dental decay, much pain and suffering and the dental care cost.

We know it is impossible to contact each member of the North Carolina Dental Society so we are suggesting the following to all the District presidents:

1. It might be helpful if each District president would appoint a Fluoridation Chairman, and he in turn appoint a committee in each city and town in his district. In this way the committee appointed locally could see the local needs regarding Fluoridation, could educate their local groups supplying them with information knowing that the state Committee is ready to offer assistance at any time.

2. If all of the citizens had been truthfully informed in Greensboro, it is felt that Fluoridation would not have been discontinued. To avoid additional pitfalls the public should have access to information through their local libraries. We have Fluoridation material to furnish libraries in this state if the request is made directly to Dr. Pearce Roberts, City Building, Asheville, North Carolina.

3. Realizing that an uninformed group can be a dangerous group we further suggest that copies of the following material be obtained by your district and local committees for information and education.

- A. "Comments on the Opponents of Fluoridation" (American Dental Association, 222 East Superior Street, Chicago 11, Illinois.)

- B. "Science vs. Fanaticism: A Report of the Hearing on the Weir Bill to Prohibit Fluoridation" by Claire Danziger. (Can be obtained from the American Dental Association)

C. "Toledo Blade" Publication, Wednesday, May 26, 1954, Thursday, May 27, 1954, and Friday, May 28, 1954. (Can be obtained from the American Dental Association.)

D. "Watsonville California, Register-Pajaronia and Sun," Friday, June 4, 1954. (Can be obtained from the American Dental Association.)

E. "Facts You Should Know About Fluoridation," North Carolina State Board of Health, Division of Oral Hygiene, Raleigh, N. C.

"Fluorides and Teeth," North Carolina State Board of Health, Division of Oral Hygiene, Raleigh, N. C.

F. "Fluoridation, As A Public Health Measure" by the American Association for the Advancement of Science.

G. Fluoridation kits, from the American Dental Association.

Your committee feels that if all patients are educated to the value of Fluoridation there will be few opponents to this health measure. This will have to be begun by the individual himself with assistance from his local, district and state fluoridation groups. Your state committee can furnish you with all the latest developments concerning Fluoridation and will be willing at all times to assist with any problems that may arise locally.

Enclosed are informative copies that we hope will be of value.

Dr. Pearce Roberts, Chairman
Fluoridation Committee
North Carolina Dental Society

Industrial Commission Committee

Sam Towler, Chairman
W. S. Griffin
A. T. Lockwood
O. R. Hodgins
W. H. Price
Marcus Smith

The members of the Industrial Commission Committee of the North Carolina Dental Society met with the North Carolina Industrial Commission, at which time they agreed to change the dental fees to the fees paid by the Veterans Administration with only two or three exceptions, which were of minor importance.

I feel there are no recommendations to be made at this time, I know of no changes to be made now or in the future.

Children's Dental Health Week Committee

W. W. Demeritt, Chairman
E. A. Branch, Honorary Chairman
Pearce Roberts F. C. Slaughter
J. B. Freedland D. L. Henson
W. K. Griffin T. G. Collins
L. H. Paschal F. G. Harris
Frank Atwater Z. L. Edwards, Jr.
Howard Payne R. B. Barden
E. McK. Hester D. G. Frye

"As Chairman of your Children's Dental Health Week Committee, I will try and act as coordinator and the central supply and information center for the organization of the week and to supply material to the committee members of a type that will fit their particular area.

I feel certain that there is no one plan that will work successfully in all cities of North Carolina, therefore, the following attack is suggested to each committee member.

The committee member should enlist the aid of as many dentists as possible in his respective area to serve with him in selecting as many of the following suggested programs and in putting them into effect.

1. Poster Contest in the Schools
2. Radio Programs
 - (a) Panels
 - (b) Speakers
 - (c) Spot Announcements
3. TV Programs
 - (a) Informal Panels with Lay Moderator
 - (b) Spot Announcements
4. Essay Contest on Dental Health
5. Proclamation by Mayor
6. Newspaper Articles
7. Dental Society Meeting of Local Dentists with Publicity

Just as soon as the type of program to be used is selected, the information concerning the specific requests for material will be furnished to you by checking the enclosed list and mailing it to me.

If you can return your request to me by January 1, I will make every effort to send you the necessary information by January 7. This will permit you one month to put your plans into effect.

Any suggestions for developing this Children's Health Week into a great state-wide program would be appreciated."

The response to this letter from the members was excellent. This information, when compiled, gave me the information that I needed to supply their various requests.

The American Dental Association was contacted and they furnished me, free of charge, with a great deal of very fine information and material, which I forwarded to the members of the Committee.

The Wilmington area, under the leadership of Dr. Barden, requested additional ADA material. The cost for this material was \$8.10. Stamps and envelopes cost \$1.60. Thus the total cost to the State Dental Society was \$9.70. A budget of \$100 was allotted for this program. The above costs were paid by the Chairman of the Committee.

The work done by the Committee members was outstanding in many areas of the state and they are to be congratulated.

Recommendations

1. That this type of committee become a standing committee of the State Society in order that work and planning can start much earlier in the year.
2. That the budget of \$100 be appropriated for committee use.
3. That the committee members be selected, whenever possible from the membership of the North Carolina Unit, American Society of Dentistry for Children.

RESOLUTIONS COMMITTEE REPORT

Dr. Breeland, Chairman: The Resolutions Committee does not concur in Recommendation 1 for three reasons:

First, the recommendation claims it would give them more time to get their work together. We cannot agree with that because this committee is appointed for the term of this meeting. They will have approximately eight months to get their work together. We do not think it should be made a standing committee, because it constitutes a change in the Constitution and By-Laws of this Society. We recommend it be left just as it now is, as a special committee.

In regard to Recommendation 2: We recommend that this be left to the judgment of the Executive Committee, as it should be in regard to all financial questions.

Recommendation 3: We heartily endorse this recommendation because we feel the president will always appoint those fellows who are most interested and who belong to the American Society of Dentistry for Children.

Superintendent of Clinics Committee

Donald W. Morris, Chairman

Robert L. Smith

M. E. Walker

W. M. Byrd

H. C. Harrelson

B. F. Edwards

J. M. Zealy

Thirty-one table clinics, an increase of six over last year, have been procured to help make the Ninety-Ninth meeting of the North Carolina Dental Society the largest and best ever.

Permanent signs of plyboard are being made to designate each table clinic by number to correspond with the number given each table clinic in the program.

Stands for holding the numbered signs will be stored at the Hotel, as well as the signs, for use at our next meeting.

Entertainment of Out-of-State Visitors Committee

Dan Wright, Chairman

D. L. Belvin

B. R. Morrison

G. F. Kirkland

T. W. Atwood

H. Edwin Plaster

The activities of this committee up to this time have been very limited. The chairman attended the meeting in January of the Executive committee and chairmen of other committees to coordinate the activities of the annual State meeting. The planned activities of the committee are:

1. To write to and meet all clinicians and distinguished guests.
2. To assign one member of the committee to one clinician or V.I.P. to minister to his wishes as to solid or liquid intake, and recreation of athletic nature, and to see that he does none of these alone.
3. To maintain a sitting-room-bar to be open at all strategic times.
4. Cocktail party before banquet.
5. To see that each clinician or V.I.P. gets home by plane, train, bus or car.

Recommendations: None.

Library and History Committee

H. W. Thompson, Chairman

B. McK. Johnson

M. R. Hunter

Paul Fitzgerald

J. Z. Moreland

Books on hand 5-19-54	86	
Books sold	5	
Complimentary Copies	2	
Total books on hand 3-26-55	79	
Bank balance July 1953	\$52.75	
Proceeds 5 books	\$15.00	
		<hr/>
Total balance		\$67.75

The committee has decided to turn over to the North Carolina Dental Society a check in the amount of \$50.00. The committee intends to have copies of the History of our Society for sale at the registration desk at our Pinehurst meeting.



Left to right are Dr. E. A. Branch, Director of the Division of Oral Hygiene, State Board of Health; Dr. J. Martin Fleming, historian of the North Carolina Dental Society and Dr. C. W. Banner of Greensboro, oldest living past president of the Society. Dr. Banner, now retired, came especially to attend the annual banquet at which all living past presidents were honored.

NORTH CAROLINA
STATE BOARD OF
DENTAL EXAMINERS

NORTH CAROLINA STATE BOARD
OF DENTAL EXAMINERS

OFFICERS

PRESIDENT

Dr. E. M. Medlin Aberdeen, N. C.

SECRETARY-TREASURER

Dr. Frank O. Alford Charlotte, N. C.

MEMBERS

Dr. Darden J. Eure	Morehead City, N. C.
Dr. A. T. Jennette	Washington, N. C.
Dr. W. M. Matheson	Boone, N. C.
Dr. Cleon W. Sanders	Benson, N. C.

REPORT OF THE BOARD OF DENTAL EXAMINERS

February 14, 1955

Honorable Luther Hodges
Governor of North Carolina
Raleigh, North Carolina

Dear Sir:

In accordance with the provision of the Dental Law I wish to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year 1954.

Three meetings of the Board have been held during the year.

The first special meeting was held in Pinehurst, North Carolina, on May 18, 1954, for the purpose of outlining plans for the 1954 examinations, to be held in Chapel Hill, North Carolina, beginning June 28, 1954 and to dispose of any other business coming before the Board.

All members of the Board were present.

A Report was read that one Dr. H. F. Baity was practicing near Mocksville, N. C., without license. This man was at one time licensed to practice dentistry in this state, but after moving to Tennessee several years ago he had failed to renew his license and at present time is unlicensed in North Carolina. The Secretary was instructed to investigate this report to ascertain the facts in the case and take whatever action necessary. On investigation, sufficient evidence to bring about conviction was unobtainable so far.

The Secretary reported that a permanent restraining order has been obtained against one Frank Roberts of Asheville, N. C., who had been guilty of practicing dentistry without a license. This order was obtained in Buncombe County Superior Court, signed by Judge Zeb V. Nettles, on March 13, 1954.

The Secretary reported on the investigation of the case against one Everett Floyd, Lexington, N. C., who had been reported to be practicing dentistry without a license. One affidavit was obtained in this case by the investigator, but upon pursuing the matter further it was learned that the violation was over three years old and the statute of limitations would prevail.

The Board voted to meet in Chapel Hill, at the Carolina Inn, Saturday afternoon, June 26, 1954, at 2:00 o'clock to examine applications for examination June 28, 1954.

New Grade sheets for the examiners, giving more detailed information on the grades was discussed. Not having time to change these sheets for the 1954 examination, it was decided to attempt to make this change for the 1955 examination.

The Board voted to change the examination scheduled for Tuesday morning at 9:00 o'clock to Wednesday evening at 8:00 o'clock thereby giving more time for the clinical examinations on Tuesday.

The second matter was the seventy-fourth regular annual meeting, held at the Carolina Inn, Chapel Hill, N. C., June 26, 1954, for the purpose of examining applications of the applicants to be examined beginning June 28, 1954, and to dispose of any other business coming before the Board.

All Members of the Board were present.

One hundred and eighteen applications for the dental examination and twelve applications for the dental hygiene examination were examined and found in order. The applicants having complied with the requirements of the North Carolina State Board of Dental Examiners and the dental law of North Carolina were permitted to take the examination. Applicants No. 10, Robert Sims Moulton and No. 102, Pratt Ringland withdrew from the dental examination. Applicant No. 8-H, Avis Louise Fellows failed to be present for the dental hygiene examination.

The written examinations were held in the auditorium of the Medical School and the clinical examinations were held in the Dental School of the University of North Carolina. The examinations started promptly at 9:00 o'clock, Monday morning, June 28, 1954 and continued until Friday at noon, July 2, 1954.

The third meeting of the Board was held at the Sir Walter Hotel, Raleigh, North Carolina, beginning at 2:00 o'clock P. M., July 24, 1954, for the purpose of canvassing the grades of the applicants examined at the School of Dentistry, University of North Carolina, beginning Monday, June 28, 1954 and to transact any other business coming before the Board.

All members of the Board were present.

A letter from Dr. E. A. Branch, Director of Division of Oral Hygiene, State Board of Health was read, explaining the need for



Members of the Pierre Fauchard Academy line up for pictures following their get-together at Pinehurst.

dental personnel by this division. Dr. Branch was invited to come before the Board and explain his problem. This conference revealed that some of the unlicensed help which he had been employing, under the provisions of the dental law, was not a solution to the problem. The Board felt that this unlicensed help was merely using this employment with a feeling that it was an aid to secure license, or as a source of employment until they could secure license and open an office, without regard for the welfare of the Division of Oral Hygiene. At present, the Board has approved three men for his employment under this provision.

License No. 1935, issued June 28, 1948 to Dr. A. R. Tannenbaum of Alexandria, Va., was reinstated, after a thorough investigation of his activities since the license was issued.

The Secretary was instructed to investigate several reported violations of the dental law and to make the necessary actions to prevent such violations and bring the violators to justice.

The Board elected the following officers for the ensuing year:

Dr. E. M. Medlin, President

Dr. Frank O. Alford, Secretary-Treasurer

Delegates to the North Carolina Dental Society:

Dr. A. T. Jennette

Dr. W. M. Matheson

Delegates to the American Association of Dental Examiners:

Dr. Frank O. Alford

Dr. Cleon W. Sanders

The Secretary-Treasurer was authorized to pay all bills in connection with the examination and any other bills incident to the operation of his office.

The results of the tabulation of the grades of the examination given beginning June 28, 1954, in Chapel Hill, N. C., revealed the following applicants for dental licensure, having made an average of 80 or more, were issued license to practice dentistry in North Carolina.

Name	Address	License No.
John Hoyt French	Greenback, Tenn.	2271
George Grundy Dudley	Gainsboro, Tenn.	2272
Wm. A. Myantt	Memphis, Tenn.	2273
Paul Mahn Cummings	Chapel Hill, N. C.	2274
Harold Swain Lanier	Welcome, N. C.	2275
Wm. Hawley Powell	Canton, N. C.	2276
Wm. Edney Harris	Harrisburg, N. C.	2277
Billy Jean Christian	White Plains, N. C.	2278
Wm. Waymon King	Anderson, S. C.	2279
Samuel McKee Cannon	Gastonia, N. C.	2280
John Douglas Hartness	Sanford, N. C.	2281
Charles Henry Beck	Lenoir, N. C.	2282
Wm. A. Jarrell	Charlotte, N. C.	2283
Anton John Hejl	Chagrin Falls, Ohio	2284
Roger Evans Barton	Allentown, Pa.	2285
Robert Harrison Hull	Charlotte, N. C.	2286
Robert Benton Litton	Shelby, N. C.	2287
Don David Hyatt	Rose Hill, Va.	2288
Thomas Hutchinson Roach	Lowell, N. C.	2289
Camerson Hazel Keels	McColl, S. C.	2290
Carl Lee Johnson	Greensboro, N. C.	2291
Eastwood Giggs Turlington	Dunn, N. C.	2292
Tedd Lowell Harper	Iowa City, Iowa	2293
Ludwig Gaston Scott	Burlington, N. C.	2294
George L. Edwards	Kinston, N. C.	2295
Dwight Beam Hord	Lawndale, N. C.	2296
James Alonzo Leggette	Williamston, N. C.	2297
Wm. Francis Fowler	King, N. C.	2298

James Alexander Foust	Graham, N. C.	2299
Herman Eugene Bolinger	Memphis, Tenn.	2300
Ira Leon McGill	Orangeburg, S. C.	2301
Curtis Ray Holmes	Fayetteville, N. C.	2302
Joseph Milton Johnson	Sanford, N. C.	2303
David Stone Jackson	Clinton, N. C.	2304
George Graham Patterson	Burlington, N. C.	2305
Stanford Harris	Asheville, N. C.	2306
Almond Dwight Price	Clinton, N. C.	2307
Norman Joseph Holly	Lynnfield, Mass.	2308
Lawrence Angus Cameron	Chapel Hill, N. C.	2309
Barry Green Miller	Statesville, N. C.	2310
Grigsby Gordon Browning	Dry Ridge, Ky.	2311
Robert Earl Furr	Wilmington, N. C.	2312
Earl Raymond Dolbee	Hendersonville, N. C.	2313
Ferby Glen Gaither	Harmony, N. C.	2314
Carnie Clayton Gooding	Chapel Hill, N. C.	2315
John Temple Gobbell	Chapel Hill, N. C.	2316
Cecil Rhodes Lupton	Swan Quarter, N. C.	2317
Dwight Lanier Clark	Asheville, N. C.	2318
Alexander Jones Biddell	Pembroke, N. C.	2319
George Stevens Johnson	Bellmore, N. Y.	2320
Mett Bagley Ausley	Micro, N. C.	2321
Donald Ray Draughon	Durham, N. C.	2322
Zyba Kathryn Massey	Zebulon, N. C.	2323
James Boyd Lewis	Gastonia, N. C.	2324
Julian Richard Cooley	Charlotte, N. C.	2325
Lloyd Butler Stanley	Angier, N. C.	2326
Lewis Wells Lee	Dunn, N. C.	2327
Henry Otis Lineberger	Raleigh, N. C.	2328
Alan Leonard Stoddard	Chadbourn, N. C.	2329
Willis Kenneth Young	Lexington, N. C.	2330
John Earl Crisp	Bryson City, N. C.	2331
Thomas Carrol Boykin	Simms, N. C.	2332
Robert Lee Daniel	Reidsville, N. C.	2333
Erastus G. Bumgardner, jr.	Columbia, S. C.	2334
Sydnor Lorenzo Stealey	Wake Forest, N. C.	2335
Clyde Newton McCall	Forest City, N. C.	2336
Albert Vernon Coble	Burlington, N. C.	2337
LeRoy Koonce Heath	Chapel Hill, N. C.	2338
Linzy Price Megginson	Shelby, N. C.	2339
Thomas Andrew Blum	Chapel Hill, N. C.	2340
Arthur Chester Riddle	Erwin, Tenn.	2341
James Sylvester Davidson	Charlotte, N. C.	2342
Sumter DeL. Lowry Camp	Miami, Fla.	2343
George Stephen Panky	Jacksonville, N. C.	2344
Richard Francis Scherer	Chapel Hill, N. C.	2345
Julian George Moore	Erwin, Tenn.	2346
Sidney Dean Peterson	Chattanooga, Tenn.	2347
Cecil B. Hall	Thomasville, N. C.	2348
Cecil Frederick Harless	Sanford, N. C.	2349
Gene Lewis Reese	Boone, N. C.	2350
Albert Purcell Cline	Canton, N. C.	2351
Bruce Wadsworth Higley	Iowa City, Iowa	2352
Charles Willson Hughes	Roxboro, N. C.	2353

The following applicants for dental hygiene license, having made an average of 80 or more, were issued license to practice dental hygiene in North Carolina:

Name	Address	License No.
Jayne Marie Collett	Trinity, N. C.	59
Kathleen Dolores Leskosky	Springdale, Pa.	60
Cynthia Seabron Milner	Charlotte, N. C.	61

Peggy Anne Everett	Kinston, N. C.	62
Carolyn Louise Bullock	Spartanburg, S. C.	63
Betty Jean Patterson	Burlington, N. C.	64
Shirley Louise Hunter	Derita, N. C.	65
Letitia C. Holmes Morris	Winston-Salem, N. C.	66
Inez Hope Owenby	Greensboro, N. C.	67
Grace Yvonne Hatherill	Guilford College, N. C.	68
Willadean Rose Eckerd	Conover, N. C.	69

The following applicants for dental license, having made an average of less than 80, were declared to have failed the examination:

Name	Address
Byron Browning Budd	Woodbury, N. J.
Wade Allison Hinson	Monroe, N. C.
Herbert Hoover Hughes	Elizabethton, Tenn.
George James Gouvas	Knoxville, Tenn.
John Edward Murray	Le Roy, N. Y.
Charles Wilkes Bagley	Lewisburg, Tenn.
Russell Anthony Grandich	New Orleans, La.
Alfred Earl Gerrans	Balboa, Canal Zone
Richard Plant	Madison, Fla.
William Harrison Woodford	Salisbury, N. C.
Howard Roberts Hobbs	Philadelphia, Penn.
John H. McKenzie	Brooksville, Fla.
Thomas F. Castro	Charleston, W. Va.
Edgar Everette Edwards	Snow Hill, N. C.
Charles Johnson Younger	Tampa, Fla.
George Robert Reynolds	Quantico, Va.
Hugo Kossoff	Greensboro, N. C.
Arthur Herschaft	Flushing, N. Y.
Judson Augustus Davis	Columbia, S. C.
Max K. Bloom	Rowland, N. C.
Richard William Keller	Chapel Hill, N. C.
Philip Judah Spector	New York, N. Y.
John A. Crowley	Wilmington, N. C.
William Robinson Bagby	Dyersburg, Tenn.
James Q. Wenger	Rochester, N. Y.
Bazil Theodore Geckler	Danville, Ill.
David Marmoh	Winston-Salem, N. C.
Nancy Carroll Gannaway	Reidsville, N. C.
Ira Jones Adams	Kershaw, S. C.
Nelson Alexander Fain	Rogersville, Tenn.
Frederick Allen Skinner	Chicago, Ill.
Bernard Davis Agress	Winston-Salem, N. C.
Robert Melvin Phillips	Charlotte, N. C.

The Board is investigating several cases of violations at present time and we hope to get evidence for conviction within the near future.

I am enclosing herewith a financial statement of the Board of Dental Examiners as of January 1, 1954, to December 31, 1954, which was compiled by Certified Public Accountants.

Respectfully submitted,

Frank O. Alford, Sec.-Treasurer
North Carolina State Board of
Dental Examiners.

AUDIT REPORT
JANUARY 1, 1954
to
DECEMBER 31, 1954

Prepared by
DOMBHART AND HOLDEN
Certified Public Accountants
Commercial Bank Building
Charlotte, N. C.

February 2, 1955

Dr. E. M. Medlin, President
North Carolina State Board of Dental Examiners
Aberdeen, North Carolina

Dear Sir:

We have examined the balance sheet of the North Carolina State Board of Dental Examiners as of December 31, 1954 and the related statement of cash receipts and disbursements for the year then ended. Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying balance sheet and the related statement of cash receipts and disbursements, present fairly the financial position of the North Carolina State Board of Dental Examiners at December 31, 1954, and the result of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

The following is an index of the Exhibits and Schedules contained herein:

EXHIBIT A	BALANCE SHEET AS AT DECEMBER 31, 1954
EXHIBIT B	CASH RECEIPTS AND DISBURSEMENTS FOR YEAR ENDED DECEMBER 31, 1954
Schedule A-1	Reconciliation of Cash—December 31, 1954
Schedule B-1	Examination and Clinic Expenses for the year Ended December 31, 1954
Schedule B-2	Per Diem and Travel Expenses for Year Ended December 31, 1954

Respectfully submitted,

DOMBHART AND HOLDEN
Certified Public Accountants
By /s/ Benjamin T. Holden

EXHIBIT A

BALANCE SHEET AS AT
DECEMBER 31, 1954

ASSETS

CASH (Schedule A-1)

On Hand:		
In Office	\$ 32.00	
In Bank:		
Union National Bank—Charlotte, N. C.	9,170.90	\$9,202.90

PROPERTY ACCOUNT

Wire Recorder—1950	\$ 101.96	
Underwood Typewriter—1951	110.00	
Cardvertiser—1951	254.80	
Two Filing Cabinets—1953	102.80	569.56

TOTAL ASSETS		<u>\$9,772.46</u>
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LIABILITIES AND SURPLUS

LIABILITIES	\$ -0-
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TOTAL LIABILITIES	\$ -0-
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SURPLUS

Capital Fund Surplus	\$ 569.56	
Current Fund:		
Balance at January 1, 1954	\$4,958.45	
Plus-Operating Surplus for Year	4,244.45	9,202.90

TOTAL LIABILITIES AND SURPLUS		<u>\$9,772.46</u>
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EXHIBIT B

CASH RECEIPTS AND DISBURSEMENTS
YEAR ENDED DECEMBER 31, 1954

CASH BALANCE AT JANUARY 1, 1954

Bank Balance	\$4,953.45
Cash on Hand	5.00 \$ 4,958.45

CASH RECEIPTS DURING YEAR

1954 Dental Licenses Issued	56	\$ 280.00	
1955 Dental Licenses Issued	1086	5,430.00	
1954 Hygienist Licenses Issued	7	14.00	
1955 Hygienist Licenses Issued	49	98.00	
1954 Dental Examination Fees	109	3,280.00	
1955 Dental Examination Fees	2	60.00	
1954 Hygienist Examination Fees	12	240.00	
Sale of Mailing List		3.00	
Reinstatement Fees		150.00	
Penalties for Late Application		25.00	9,580.00

TOTAL CASH AVAILABLE		<u>\$14,538.45</u>
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CASH DISBURSEMENTS DURING YEAR

Salaries:		
Dr. Frank O. Alford, Sec.-Treas.	\$500.00	
Mrs. Va. R. Rochelle, Ass't. Sec.	500.00	\$1,000.00

Per Diem & Travel Expense—State Board (Schedule B-2)	1,776.50	
Examination & Clinic Exp. (Schedule B-1)	758.99	
Postage	171.64	
Stationery, Printing & Office Expense	409.33	
Auditing	50.00	
Telephone and Telegraph	161.96	
Dues—American Association of Dental Examiners	75.00	
Special Board Meeting—Room and Meals	25.95	
Carolina Detective Service—Investigation Expense—Everett Floyd Case	225.55	
Herschel S. Hawkins—Attorney's Fee— Frank Roberts Case	311.20	
Printing 4,000 copies of Dental Law	246.83	
Printing Forms 1, 2 & 3 for Applications	122.60	5,335.55
		<hr/>

CASH BALANCE AT DECEMBER 31, 1954

Bank Balance	\$9,170.90	
Cash on Hand	32.00	\$9,202.90
		<hr/>

Schedule A-1

**RECONCILIATION OF CASH
DECEMBER 31, 1954**

CASH ON HAND

In Office	\$ 32.00
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CASH IN BANK

Union National Bank, Charlotte, N. C.:

Balance as per Bank Statement \$9,210.34

Less—Outstanding Checks:

Number	Amount		
469	\$15.00		
471	24.44	39.44	9,170.90
		<hr/>	<hr/>

TOTAL CASH AS SHOWN BY EXHIBIT A	\$9,202.90
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Schedule B-1

**EXAMINATION AND CLINIC EXPENSES
YEAR ENDED DECEMBER 31, 1954**

Rooms, Meals and Incidentals for Board Members	\$ 386.76
Secretarial Work and Expense	62.69
Laundry Service	15.00
Advertising for Free Clinic and Notices of Meeting	75.18
Dental Supplies	24.44
Printing	6.95
Models for Clinic	87.60
Room and Meals—Grading Applicants	100.37
	<hr/>
TOTAL EXAMINATION AND CLINIC EXPENSES AS SHOWN BY EXHIBIT B	\$ 758.99

Schedule B-2

PER DIEM AND TRAVEL EXPENSE
YEAR ENDED DECEMBER 31, 1954

Dr. Frank O. Alford:			
Per Diem	\$290.00		
Travel	46.00		
Meals	6.00		
Printing Examination Questions	7.00	\$	349.00
			<hr/>
Dr. W. M. Matheson:			
Per Diem	\$250.00		
Travel	38.00		
Meals	4.00		
Printing Examination Questions	7.00		299.00
			<hr/>
Dr. Cleon W. Sanders:			
Per Diem	\$250.00		
Travel	10.30		
Meals	4.00		
Printing Examination Questions	7.00		271.30
			<hr/>
Dr. E. M. Medlin:			
Per Diem	\$250.00		
Travel	14.50		
Meals	4.00		
Printing Examination Questions	7.00		275.50
			<hr/>
Dr. A. T. Jennette:			
Per Diem	\$250.00		
Travel	24.50		
Meals	4.00		
Printing Examination Questions	7.00		285.50
			<hr/>
Dr. Darden J. Eure:			
Per Diem	\$250.00		
Travel	35.20		
Meals	4.00		
Printing Examination Questions	7.00		296.20
			<hr/>
TOTAL PER DIEM AND TRAVEL EXPENSE AS SHOWN BY EXHIBIT B			<hr/>
			\$1,776.50

AUDIT
REPORT

AUDIT REPORT FOR YEAR ENDED MAY 31, 1955

Morganton, North Carolina
July 14, 1955

The Officers and Directors
North Carolina Dental Society
Morganton, North Carolina

Gentlemen:

I have examined the books and vouchers of the North Carolina Dental Society for the fiscal year ended May 31, 1955. My report is submitted herewith consisting of the following Exhibits and Schedules together with my comments hereon:

- Exhibit A Balance Sheet
- Exhibit B Statement of Receipts and Disbursements
- Schedule 1 Bank Reconciliation
- Schedule 2 1955 Meeting Expense
- Schedule 3 Bonds Held

I confirmed cash in the bank and physically examined all bonds. Receipts were traced into the bank. Cancelled checks and paid bills were examined and found to be in good order.

My examination was confined to the records maintained by the Secretary-Treasurer. Membership records and unpaid bills were not submitted to me for examination.

The records are maintained on a cash rather than an accrual basis. Members' arrears and liabilities, if any, consequently are not reflected in the balance sheet.

Respectfully submitted,
Graham S. DeVane
Certified Public Accountant

Morganton, North Carolina
July 14, 1955

The Officers and Directors
North Carolina Dental Society
Morganton, North Carolina

Gentlemen:

I have examined the records of the North Carolina Dental Relief Fund for the fiscal year ended May 31, 1955. These records were maintained by Dr. Ralph Coffey.

Following is a statement of receipts and disbursements.

Bank Balance May 30, 1954 \$2,943.35

Receipts—

ADA Share Christmas Seal Receipts	\$ 781.25	
Sale of Scrap	1,744.25	
Refund on Bonds	17.00	2,542.50
		\$5,485.85

Disbursements:

ADA Special Relief Fund	\$ 2,730.00	
Bank Charges	3.30	2,733.30
		\$2,752.55

Bank Balance May 31, 1955 \$2,752.55

The assets of the fund at May 31, 1955, were as follows, there being no record of any liabilities:

Cash (Schedule 4)	\$ 2,752.55	
U.S. Treasury Bonds—Series F		
Maturity \$13,950.00—Cost (Sch. 5)	10,295.00	
		\$13,047.55

Total Assets

Cash in bank was confirmed with the depository. The bonds were physically examined; the list of bonds is in Schedule 5.

Respectfully submitted,
Graham S. DeVane
Certified Public Accountant

Exhibit A

North Carolina Dental Society
Morganton, North Carolina
Balance Sheet—General Fund
May 31, 1955

Assets

Cash in Bank—Schedule 1	\$ 5,655.55
U.S. Treasury Bonds—Schedule 3—at cost	9,620.00
	<hr/>
	\$15,275.55

Liabilities

Net Worth	\$15,275.55
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Exhibit B

North Carolina Dental Society
Morganton, North Carolina
Statement of Receipts and Disbursements
For The Year Ended May 31, 1955

Bank Balance June 1, 1954	\$5,356.28
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Receipts —

Membership Dues	ADA Share	Relief	Other	Total
District No. 1	\$ 3,903.00	\$204.00	\$1,771.00	\$ 5,878.00
District No. 2	4,658.50	241.00	2,070.00	6,969.50
District No. 3	4,395.50	234.00	1,886.00	6,515.50
District No. 4	3,070.30	167.00	1,331.70	4,569.00
District No. 5	2,904.50	151.00	1,140.00	4,195.50
	<hr/>	<hr/>	<hr/>	<hr/>
	\$18,931.80	\$997.00	\$8,198.70	\$28,127.50

Sale of Exhibit Space—1954 meeting	4,490.00	
Refunds	435.13	33,052.63
	<hr/>	<hr/>

Total Available Funds	\$38,408.91
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Disbursements

American Dental Association	
Share of Dues	\$18,952.00
Relief	998.00
Expenses —	\$19,950.00
Salary—Secretary	\$ 341.77
—Editor and Publisher	500.00
—Secretary and Treasurer	250.00
—District Secretaries	125.00
Reporting Service—1954 Meeting	539.78
Printing Proceedings—1954 Meeting	2,105.90
Stationery, Printing & Ofc. Expense	1,189.86
Committee Expense	100.00
Mimeograph Machine	899.66
Dental Foundation of N.C.	55.00
Guilford County Dental Group	544.68
Audit	100.00

Medals	81.66	
Hotel bill—Greensboro	104.77	
Honorarium—John H. Dunche, Jr.	90.00	
Refunds	148.50	
1955 Meeting Expense	5,620.78	
Directory	6.00	12,803.36

Total Disbursements		<u>32,753.36</u>
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Bank Balance May 31, 1955		<u>\$ 5,655.55</u>
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Schedule 1

North Carolina Dental Society
Morganton, North Carolina

Bank Reconciliation—General Fund
May 31, 1955

State Bank of Burke, Morganton, N. C.

Balance per bank statement May 31, 1955		\$7,840.25
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Add: Deposits in transit	\$ 550.50	
	1,469.19	
	<u>31.00</u>	2,050.69
		<u>\$9,890.94</u>

Less: Outstanding checks

Number	Payee	Amount
272	Dr. W. T. Burns	\$ 5.00
375	Dr. Lewis Fox	40.48
380	Todd's Flowers, Inc.	103.00
381	Pinehurst, Inc.	30.90
384	Hemmers Photo Shop	36.00
387	Dr. C. Z. Candler	25.00
388	Dr. Riley E. Spoon	25.00
389	Dr. W. T. Burns	25.00
390	Dr. J. M. Pringle	25.00
397	ADA	20.00
398	ADA	1.00
399	Shepard Decorating Co.	572.00
400	Charlotte Linen Service	5.41
401	The Carolina	1,157.07
403	ADA	40.00
404	ADA	2.00
405	Artistic Letter Shop	62.10
406	Cooper D. Cass Co.	2.75
407	ADA	150.50
408	ADA	9.00
409	ADA	220.00
410	ADA	11.00
411	ADA	938.50
412	ADA	56.00
413	Dr. W. T. Burns	31.00
414	Carolina Typewriter Co.	4.64
415	Chas. G. Poteat	2.75
416	The Book Store	16.42
417	Pound and Moore Co.	325.12
418	Hemmers Photo Shop	72.80
419	Artcraft Press	35.45
421	Dr. Z. Vance Kendrick, Jr.	36.80
422	Dr. C. D. Eatman	115.00

423	Dr. Edw. U. Austin	11.70	
424	ADA	20.00	
425	ADA	1.00	4,235.39

Balance per records May 31, 1955		\$5,655.55
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Schedule 2

North Carolina Dental Society
Morganton, North Carolina

1955 Meeting Expense
For The Year Ended May 31, 1955

Bastian Bros. Co.	Badges	\$ 205.68
Carolina Motor Club	Travel—Dr. Sommer	90.31
Carolina Motor Club	Travel—Drs. Fox & Phillips	145.76
Dr. Ralph Sommer	Honorarium	250.00
Dr. Ralph W. Phillips	Honorarium	250.00
Dr. Lewis Fox	Honorarium	250.00
Dr. Lester W. Burket	Honorarium and Travel	327.00
Carolina Motor Club	Entertainment	25.00
Dr. Lewis Fox	Travel	17.00
Dr. B. Frank Hall	Entertainment	100.00
Clyde Watson Orchestra	Music	210.00
Mrs. A. Henderson, Jr.	Registration	50.00
Mrs. O. E. Longwell	Registration	50.00
Dr. Dan Wright	Entertainment	190.87
J. A. Purser	Loud speaker equip.	150.00
Dr. E. A. Pearson, Jr.	Exhibits Expense	354.58
Dr. Lewis Fox	Travel	40.48
The Carolinians	Entertainment	100.00
Dr. Pierce Layfield	Honorarium	25.00
Todd Flowers	Entertainment	103.00
Pinehurst	Entertainment	30.90
Hemmers Photo Shop	Photographs	36.00
Longs Distributing Co.	Supplies	6.98
Dr. W. H. Branch	Housing Committee	38.54
Dr. Donald W. Morris	Committee Expense	22.76
Shepard Decorating Co.	Decorations	572.00
Charlotte Linen Service	Linen	5.41
The Carolina	Accommodations	1,157.07
Joe Duke, Jr.	Publicist	190.17
Artistic Letter Shop	Printing	62.10
Pound & Moore Co.	Gavels & Engraving	325.12
Hemmers Photo Shop	Photographs	72.80
Dr. Z. V. Kendrick	Program Committee	36.80
Dr. C. D. Eatman	Committee Expense	115.00
Dr. E. U. Austin	Entertainment Committee	11.70
Charles Poteat	Engraving	2.75
		\$5,620.78

Schedule 3

North Carolina Dental Society
Morganton, North Carolina

Bonds Held—General Fund
May 31, 1955

Serial Number	Date Acquired	Cost	Maturity Value	Maturity Date
M 934457F	July 1944	\$ 740.00	\$ 1,000.00	July 1956
C 1086681F	July 1944	74.00	100.00	July 1956

C 1086682F	July 1944	74.00	100.00	July 1956
M 1235516F	Aug. 1945	740.00	1,000.00	Aug. 1957
M 1476155F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476157F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476158F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476159F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476160F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476161F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476162F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476163F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1476184F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 42475J	Jan. 1954	740.00	1,000.00	Jan. 1966
D 18387J	Jan. 1954	370.00	500.00	Jan. 1966
C 40545J	Jan. 1954	74.00	100.00	Jan. 1966
C 40546J	Jan. 1954	74.00	100.00	Jan. 1966
C 40547J	Jan. 1954	74.00	100.00	Jan. 1966
Totals		<u>\$9,620.00</u>	<u>\$13,000.00</u>	

Schedule 4

North Carolina Dental Society
Morganton, North Carolina

Bank Reconciliation—Relief Fund

May 31, 1955

First National Bank, Morganton, North Carolina

Balance per bank statement May 31, 1955 \$1,201.30

Add: Deposit in Transit 1,761.25

\$2,962.55

Less: Outstanding Checks 210.00

No. 57

Balance per records May 31, 1955 \$2,752.55

Schedule 5

North Carolina Dental Society
Morganton, North Carolina

Bonds Held—Relief Fund

May 31, 1955

Serial Number	Date Acquired	Cost	Maturity Value	Maturity Date
M 661617F	Aug. 1943	\$ 740.00	\$ 1,000.00	Aug. 1955
M 934067F	July 1944	740.00	1,000.00	July 1956
M 1338950F	Oct. 1946	740.00	1,000.00	Oct. 1958
M 1476164F	Nov. 1947	740.00	1,000.00	Nov. 1959
M 1686801F	Aug. 1950	740.00	1,000.00	Aug. 1962
M 1686902F	Aug. 1950	740.00	1,000.00	Aug. 1962
M 1686903F	Aug. 1950	740.00	1,000.00	Aug. 1962
V 11338J	Jan. 1954	3,700.00	5,000.00	Jan. 1966
D 18386J	Jan. 1954	370.00	500.00	Jan. 1966
Q 17164J	Jan. 1954	18.50	25.00	Jan. 1966
Q 17165J	Jan. 1954	18.50	25.00	Jan. 1966
C 153116J	May 1955	72.00	100.00	May 1967
C 153117J	May 1955	72.00	100.00	May 1967
C 153118J	May 1955	72.00	100.00	May 1967
C 153119J	May 1955	72.00	100.00	May 1967
M 173548J	May 1955	720.00	1,000.00	May 1967
Totals		<u>\$10,295.00</u>	<u>\$13,950.00</u>	

EXECUTIVE
COMMITTEE
MINUTES
OF
MEETINGS

MINUTES OF THE MEETINGS
OF THE
EXECUTIVE COMMITTEE

Olin W. Owen, Chairman (1957)

I. R. Self, Sr. (1955)

C. C. Poindexter (1956)

Executive Committee
Carolina Hotel, Pinehurst
May 19, 1954

Immediately following the close of the 98th Annual Meeting of the North Carolina Dental Society, a meeting of the new Executive Committee was held. Those present were:

Dr. Olin W. Owen, Chairman

Dr. C. C. Poindexter

Dr. J. W. Branham

Dr. I. R. Self

Dr. H. K. Thompson

Dr. B. N. Walker

Dr. Ralph Coffey

Others present were:

Dr. Marvin Evans

Dr. Owen called the meeting to order. The minutes of February 14, were not read.

Dr. B. N. Walker was recognized and moved that Dr. Marvin Evans be elected to serve again as Editor-Publisher. The motion was seconded by Dr. Poindexter and passed unanimously.

Dr. Walker discussed at length the recommendation of Dr. Sheffield, with regards to the employment of a corresponding secretary. This was further discussed by those present. Dr. Coffey made a motion that this be studied by a committee and a report be given at the next meeting of the Executive Committee. This motion was seconded by Dr. Poindexter and passed. Dr. Owen appointed the following committee to report in July, Doctors Walker, Evans and Coffey.

Dr. Walker made a motion that the Secretary write Dr. Evans a letter of thanks for the work that he had done during the past year. He furthermore requested that Dr. Evans call upon the Executive Committee for any help that he may need, financially or otherwise, during the coming year. This was seconded by Dr. Branham and passed.

Dr. Coffey, the Secretary-Treasurer was directed to pay all outstanding bills and salaries. To have stationery printed for all officers and committees requesting stationery. To close the books in thirty days, and place them in the hands of the auditor.

Dr. Walker announced that the dates of the 99th Annual Meeting would be May 15-16-17-18, at the Carolina Hotel, Pinehurst.

Dr. Self moved that the President, Editor-Publisher and Secretary read and edit the Proceedings as taken by the reporter, and that those parts that are not in keeping with the best interest of the Society be

deleted, however, no information is to be withheld or changed in any respect. This was seconded by Dr. Branham and passed.

Dr. Evans was requested to print the Proceedings in the order that the meetings were held. This had reference to the General Sessions and the House of Delegates.

Dr. Branham moved that the next meeting of the Executive Committee be held in Charlotte, July 18, at 10:00 a. m. This was seconded by Dr. Self and passed.

On motion of Dr. Coffey this meeting was adjourned.

JOINT MEETING
EXECUTIVE COMMITTEE AND COMMITTEE CHAIRMEN
COLONY ROOM, HOTEL BARRINGER
CHARLOTTE, N. C., SUNDAY, JULY 18, 1954

The Executive Committee met at 10:30 a. m. with Chairmen of the General Arrangements, Exhibits, Clinics, Publicity, Entertainment, and Publications, and the full attendance of the Program Committee.

Those present were:

Dr. B. N. Walker, President
Dr. H. K. Thompson, Vice-President
Dr. J. W. Branham, President-Elect
Dr. Ralph Coffey, Secretary-Treasurer
Dr. O. W. Owen, Chairman Executive Committee
Dr. C. C. Poindexter, Executive Committee
Dr. I. R. Self, Executive Committee
Dr. Marvin Evans, Editor-Publisher
Dr. Vance Z. Kendrick, Program Chairman
Dr. J. B. Freedland, Co-Chairman Program
Dr. M. H. Truluck, Program
Dr. P. B. Whittington, Jr., Program
Dr. Charles Eatman, Program and Gen. Arrange. Chairman
Dr. E. A. Pearson, Program and Exhibits Chairman
Dr. Milo J. Hoffman, Chairman Clinics Committee
Dr. W. K. Griffin, Chairman Publicity
Dr. J. Donald Kiser, Chairman Entertainment

The meeting was called to order by Dr. Olin W. Owen, presiding over the joint session. The invocation was given by Dr. J. Donald Kiser.

Dr. B. N. Walker stated that the purpose of the meeting was to make plans for the 1955 Annual Meeting, and asked that the Chairmen of the various committees present their plans for the coming year, and in such cases where an appropriation was necessary, that this request be presented to the Executive Committee which would meet following the joint session.

Dr. Vance Kendrick, Program Chairman, was recognized and reported that his committee had plans for four major clinicians for the Annual Meeting. He requested that the Executive Committee make a definite appropriation so that his committee could conclude their arrangements. A discussion followed concerning the Wednesday morning meeting. The group present was concerned about the late beginning and the

poor attendance of the Wednesday morning program. The program committee was instructed to arrange the program with this discussion in mind.

Dr. C. D. Eatman, Chairman of the General Arrangements Committee revealed the following plan for the 1955 meeting. An information booth will be maintained by his committee, members of his committee are to serve as pages for all sessions, identification badges or ribbons will be provided for all guests, clinicians, visitors, officers, and members of committees responsible for the meeting. Dr. Eatman requested copies of all letters regarding equipment and supplies that will be necessary for the meeting, and that all committees meet with his committee in Pinehurst at the January meeting.

Dr. E. A. Pearson, Chairman of the Exhibits Committee, reported that his committee was making plans for the annual meeting. Dr. Pearson stated that the committee was taking into consideration changes whereby additional revenue can be obtained. The questions of space, arrangements, out-of-state laboratories, and free exhibitors were discussed, and Dr. Pearson was instructed to make the decisions within his committee, keeping in mind the policies of the Society regarding certain standards that we have adopted.

Dr. Milo J. Hoffman, Chairman of the Clinic Committee reported that his committee had plans to select the best table clinics from the District meetings. Other table clinics will be secured and plans are being made to make certain changes. The exact number of table clinics had not been decided upon but would be announced in January.

Dr. W. K. Griffin, Chairman of the Publicity Committee reported that plans had not been completed for the annual meeting. Dr. Griffin stated that he would like to use ADA releases for publication in the State. The group agreed that any release could be used if it is not of a controversial issue within the Society. In this event Dr. Griffin stated that he would clear the releases through the Executive Committee.

Dr. J. Donald Kiser reported that his final plans would be completed at the January meeting. This is necessary due to the fact that the program had not been announced. Dr. Kiser stated that he would work with Dr. Walker on this phase of the program.

Dr. Marvin Evans, Editor-Publisher and Chairman of the Publications Committee, reported that the September issue of the JOURNAL went to press last Thursday. This issue, which carries the District programs, will be mailed to the membership in August. He also stated that the Proceedings would go to press the following week. Dr. Evans said that at the January meeting he would submit plans for additional programs in condensed forms for the membership. This request was made by Dr. Walker. Dr. Evans again reminded both those officers present and those of the District, of the importance of the deadline that he had to meet. He urged all to keep this in mind. Dr. Evans also requested articles of news and scientific papers for use in the Journal. The Chairman of the Program Committee was reminded that in securing the clinicians for the Annual Meeting, to inform the clinician or essayist that

the Society will expect him to submit at the time of the lecture his prepared paper in triplicate; this becoming the property of the North Carolina Dental Society as provided in our Constitution and By-Laws.

The joint meeting was adjourned at 1:00 p. m. for lunch in the Club Room.

EXECUTIVE COMMITTEE CHARLOTTE, N. C., JULY 18, 1954

The Executive Committee of the North Carolina Dental Society was called to order at 2:30 p.m. by Dr. Olin W. Owen, Chairman.

Those present were:

Dr. Olin W. Owen, Chairman	
Dr. C. C. Poindexter	Dr. H. K. Thompson
Dr. I. R. Self	Dr. J. W. Branham
Dr. B. N. Walker	Dr. Ralph Coffey

The minutes of the last meeting were read and approved.

Dr. Owen asked for the report of the Committee named to study the questions of employing a secretary for the Society, as recommended by Dr. Sheffield. The Committee was unable to make a recommendation and on a motion by Dr. Coffey the question was tabled until the September meeting of the Executive Committee. The above motion was seconded by Dr. Walker and passed.

Dr. Coffey presented the report of the auditor to each of the committee. Dr. Walker moved that the report be accepted and was seconded by Dr. Poindexter. The report was approved with comments by the Chairman and other members of the committee commending the auditor, Mr. DeVane, for the detailed report that he had made.

Dr. Coffey made a motion that a sum of \$2,000.00 be appropriated for the Program Committee for the 1955 meeting. This was seconded by Dr. Poindexter and passed. This amount is to include honorariums, travel, and hotel expenses.

Dr. Walker asked that the Executive Committee make available the funds that had been approved last year for the use of the Exhibits Committee. Dr. Owen directed the Secretary-Treasurer to provide Dr. Pearson with the stipulated amount.

Dr. Poindexter moved that the Secretary work with the District Secretaries in redesigning new report blanks for their use. This was seconded by Dr. Self and passed.

Dr. Walker spoke of the importance of having a District Officers' Conference before the Annual Meetings of the Districts. A tentative date of September 18-19 was set for the meeting to be held in Greensboro with the following to be present; namely Executive Committee, District Officers, and Liaison Committee.

Dr. Owen directed the Secretary to call the attention of the Housing Committee to certain policies of the Society with regard to the housing of members at Pinehurst. He had reference to one room assignment to a member for the meeting.

The question of visitors being allowed to attend both the general business and also the House of Delegates was discussed by the Committee. Dr. C. C. Poindexter moved that all Business and House of Delegates meetings shall be closed to all persons other than members of the North Carolina Dental Society, and that pages be placed at the doors to carry out this rule. This was seconded by Dr. I. R. Self and passed.

The appropriation for the Centennial celebration was discussed and on a motion by Dr. Walker was tabled until the January meeting.

Dr. Owen directed the Secretary to place an order for the Past President emblems.

On a motion by Dr. Branham, seconded by Dr. Self, the meeting was adjourned at 3:45 p. m.

EXECUTIVE COMMITTEE

GEORGE VANDERBILT HOTEL, ASHEVILLE, N. C.

SUNDAY, SEPT. 19, 1954

The meeting was called to order at 3:00 o'clock by the Chairman, Dr. Olin W. Owen.

Those present were:

Dr. Olin W. Owen, Chairman

Dr. C. C. Poindexter

Dr. H. K. Thompson

Dr. I. R. Self

Dr. J. W. Branham

Dr. B. N. Walker

Dr. Ralph Coffey

Others present were: Dr. M. R. Evans and Dr. E. A. Pearson

The minutes of the last meeting were read and the following corrections made regarding the meetings of both Business and House of Delegates, relative to non-members. The correction reads, "all Business and House of Delegates meetings shall be closed to all persons other than members of the North Carolina Dental Society."

Dr. Owen asked for the report of the appointed committee named to study the plan for a Central office and the employment of an Executive Secretary. The report, recommendations, and proposed budget (attached Report No. 1) was read by the Secretary, Ralph Coffey. The report was discussed and on motion by Dr. J. W. Branham and second by Dr. C. C. Poindexter the report and recommendations were approved by the unanimous vote of the Executive Committee.

(See Executive Committee meeting for change in recommendations dated Raleigh Sunday, February 20, 1955)

Dr. C. C. Poindexter moved that the report, recommendations, and budget proposals; also the action of the Executive Committee be made available to each District Society, the District Officers' Conference, and be published in the January issue of the JOURNAL. This motion was seconded by Dr. I. R. Self and was passed.

Dr. Marvin Evans presented a special report (Report No. 2) relative to our publications. Dr. B. N. Walker commended Dr. Evans for this report and moved that it be adopted and that the report be printed in the January issue of the JOURNAL. This motion was seconded by Ralph Coffey and passed.

Dr. Walker moved that the Editor-Publisher publish the names and addresses of all paid members in the Convention issue of the JOURNAL. This motion was seconded by Ralph Coffey and was passed.

Dr. Branham discussed the appointment of an Associate Editor-Publisher, to work with Dr. Evans. Dr. Owen appointed the following committee to report at the next meeting of the Executive Committee relative to this matter:

Dr. J. W. Branham, Chairman

Dr. M. R. Evans

Dr. H. K. Thompson

Dr. C. C. Poindexter moved that any companies of questionable nature which are, in the opinion of the Chairman of the Exhibits Committee, in conflict with the views of the North Carolina Dental Society be excluded from the list of exhibitors at the 1955 Annual Meeting. Dr. I. R. Self seconded this motion and it was passed unanimously.

Dr. Owen, the Chairman made the following announcements: the next regular meeting of the Executive Committee would be held Monday night, October 25, following the banquet and speaker at the Fourth District meeting in Raleigh.

The tentative date for the District Officers' Conference would be November 20 and 21, in Greensboro.

On the motion of Dr. J. W. Branham and the second by Ralph Coffey the meeting was adjourned.

REPORT NO. 1

APPOINTED COMMITTEE REPORT ON CENTRAL OFFICE AND EXECUTIVE SECRETARY

The Special Committee, appointed by the Chairman of the Executive Committee to determine the feasibility of the establishment of a central office and the employment of an Executive Secretary, submits the following report and recommendations:

A study of the past recommendations made by the presidents and Special Committee in all instances show and report that such a change in our organization would be beneficial to our membership. We find also in these reports that to establish such a program the one factor is that an increase of dues would be necessary.

The Committee has studied the recommendations of Dr. Neal Sheffield which were proposed and accepted last May. This provided for a paid corresponding secretary. The following analysis in our opinion would make this plan undesirable in view of the study and investigation we have made.

The analysis of our Society which we bring to your attention in this report is in no way any reflection on any past administration or committee. We do this with the feeling that as leaders in our Society we are duty bound to present the facts, if by doing so we can better serve our Society and the public. Our study has been in cooperation with the Legal Council of the American Dental Association and therefore, we cite other changes which are found to be not in harmony with the American Dental Association.

The North Carolina Dental Society ranks 20th in membership of all Constituent Societies. Seventeen societies have a larger membership 1100—10,242. We are the third largest Southern state trailing Tennessee and Florida by less than 100 members. We find that 35 states have dues

of over \$11.00, 6 states have dues of \$10.00. There are 14 Societies having dues of less than \$10.00. Seventeen states or Constituent Societies have Executive Secretaries with a central office. A break-down on the category reveals that 11 of the states have a membership of 822 or over. There are 5 Societies employing an Executive Secretary with total membership under 822. Thirteen of the states have dues from \$10 to \$42. Three states having this program collect dues as follows:

Florida	8.50	993 Members
Missouri	9.00	1643 Members
Pennsylvania	10.00	4630 Members

We wish to call to your attention in this report that we in North Carolina operate under our system whereby we carry State Life members, ADA Life Members and Military Service Members with no revenue at all.

We do not propose a change in the report. We concur and urge that this practice be continued. We do call to your attention the fact that 22% of our membership does not pay dues. Our study reveals that at the time the American Dental Association made a change in their requirements for Life Membership, namely 65 years of age with 35 years of practice we had no such provision. We still recognize our members on the state level and of course we abide by the ADA requirements. We also find that in addition to those states which do not have State Life Memberships also have revenues from State appropriated funds to the Society and in addition carry advertisements in all publications and hand programs. A study on the Tennessee State Dental Association shows funds of approximately \$5000 are provided in this manner.

A brief picture of our Society reveals the following. The records of the Society are held in various places. The records of the Secretary-Treasurer are not kept in a fire-proof place. Records dated prior to 1927 are not available to the officers, therefore, certifications of members to the ADA is processed on word of the applicant and not by the records. The authorization of our new card index bookkeeping system cannot be instituted because of the lack of space. Correspondence is being inadequately handled from the yearly change on committee members. We feel that a central office would coordinate the work of the Secretary-Treasurer, Editor-Publisher, and the Standing Committees.

We also find that additional revenue would provide other changes which are in keeping with other states and ADA recommendations. We feel that our delegates to the ADA should be paid travel expenses, plus \$10 per day. Committee Chairmen carrying on the work in cooperation with the various Councils of the ADA should attend conferences in Chicago or ADA Annual Meetings. These expenses should be paid by our Society. We do not feel that any office should be abolished or appointments be taken away from the Executive Committee. We do feel that by the officers directing an Executive Secretary in his work we could render a better service.

Last year the officers and committees mailed approximately 8,000 items. A society of 832 should have mailed from a central office 32,000 items to be assured of an informed membership. In addition to regular duties we foresee the following additional services that would be available to our membership with an Executive Secretary.

1. Monthly News Letter
2. Edit clipping News Paper Service
3. Better public relations with PTA, Civic Groups and allied professional groups.
4. Conduct annual workshop for officers and committee chairmen
5. To provide continuity in contacting advertisers and exhibitors

We submit in this report a budget proposal on our findings. We also call to your attention certain requirements that will insure and protect our financial standing.

In conclusion we recognize the fact that in the event this plan is put into operation many changes will, of necessity, have to be made. Namely realignment of the duties of the Editor-Publisher, Secretary-Treasurer, and many committees. An increase of dues must be considered. A city for the Central Office must be selected and personnel decided upon.

We of the Special Committee are the first to recognize the complete reorganization and change this will bring in our Society but an evaluation of the states which have this program we found a healthy growth and a well informed membership. We recognize the hardships that are now being carried by those in charge and that eventually the membership as a whole will demand this program.

We, your Special Committee, make the following recommendations. First, that the dues of the North Carolina Dental Society be increased from \$10 to \$32. Second, that a program based on this report be studied and implemented with definite safeguards provided for all financial and operative procedures.

PROPOSED BUDGET
1956
GENERAL FUND
ESTIMATED INCOME

Dues

750 Regular members—@ \$32.00	\$24,000.00
(Increase of \$22.00)	
142 State Life Members	
12 ADA Life Members	
36 Military Service Members	

Exhibits

45 @ \$75.00	3,500.00
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Total\$27,500.00

ESTIMATED EXPENSES
APPROPRIATIONS

Sinking Fund General 5%—Gross—	\$ 1,375.00
Relief Fund	500.00
(This amount to be appropriated annually until a three year reserve is accumulated in both funds)	

Committees

All committees that work with the different ADA Councils, Special committees of our Society, District Officers' Conferences, Workshop for officers and committee chairmen and Centennial celebration	2,500.00
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Salaries

Secretary-Treasurer	250.00
District Secretaries	125.00
ADA Delegates	1,000.00

Annual Meeting

(This estimate is based on the cost of previous meetings)	5,000.00
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Central Office

Rent	1,300.00	
Supplies, printing stationery, News Letter	1,200.00	
Postage	500.00	
Telephone, Telegraph & Lights	500.00	
Travel (Exec. Sec.)	1,000.00	
Salary (Exec. Sec.)	6,000.00	
Salary (Secretary)	3,000.00	
S. S. Taxes	140.00	13,640.00

Capital Outlay for Central Office**On Hand**

Electric Addressograph
Camera
Typewriter—Jumbo

Equipment to Be Bought

Bookkeeping System	800.00	
(This has been authorized)		
2 Typewriters	267.00	
1 Adding machine	118.00	
2 Desks	293.00	
2 Chairs for desks	127.50	
1 Safe	157.50	
4 Fireproof filing cabinets	894.00	
1 Mimeograph Machine	63.00	
1 Conference table & chairs to accommodate committee	300.00	
Misc. Supplies	90.00	3,110.00
Total		\$27,500.00

ESTIMATED INCOME AND EXPENDITURES
NORTH CAROLINA DENTAL SOCIETY PUBLICATIONS

Income

Advertising fees	3,900.00	
Subscriptions	25.00	\$3,925.00

Expenditures

Printing: 4 issues and hand programs	3,245.00	
Photo supplies	100.00	
Tel. and Tel.	100.00	
Postage & 2nd class dep.	50.00	
Stencils	25.00	
Binding	15.00	
ADA Dues	10.00	3,545.00
Estimated Gross profit		380.00
Honorarium Editor-Publisher		200.00
Estimated net profit		\$180.00

REGARDING CAPITAL EXPENDITURES

In future years the amount appropriated for capital outlay could be used as follows:

1. Public Relations
2. Dental Education of the Public
3. Student Loan
4. Workshop
5. Seminars
6. Buy or erect building for Central Office
7. History
8. Financial aid to the North Carolina Dental Auxiliary

REPORT NO. 2

Special Report

To the Executive Committee

North Carolina Dental Society

Your Editor-Publisher has considered seriously the feasibility of changing the custom, followed in previous years, of printing a verbatim report of the proceedings of the Annual Meeting of the North Carolina Dental Society.

My study and observations of other publications as well as my contact with other members of the American Association of Dental Editors has convinced me that a change is long overdue.

It is my considered opinion that the Proceedings format is obsolete and cumbersome and is not up to the progressive standards to be found in other areas of the North Carolina Dental Society's activities. A revision undoubtedly would point the way for further accomplishments.

Since there is always the original and two duplicate copies of the verbatim report of the proceedings available for reference it is my opinion that no more copies are necessary for a permanent record.

The revised published Proceedings would reflect more credit to the North Carolina Dental Society and to the profession of dentistry. Therefore, I would respectfully submit for your consideration the possibility of a revision of the Published Proceedings whereby the contents would be as follows.

Dedicatory page

President's Address

Report on President's Address

Obituaries

Committee Reports:

Standing — Special

Report of the State Board of Dental Examiners

Auditor's Report

Financial Statement of the Editor-Publisher

Minutes of the Executive Committee Meetings

Eulogy of Guest of Honor at Annual Banquet

List of Essayists and Clinicians

Editorially acceptable scientific papers

Other items of special significance

Appendix:

Directory of new officers and committees elected and appointed at the meeting.

List of the attendance record of members of the House of Delegates.

This report will bring to your attention some of the matters that I believe should be given consideration either by action at this time or by study leading to action in the near future.

JOINT MEETING OF THE EXECUTIVE COMMITTEE

AND COMMITTEE CHAIRMEN AND MEMBERS

HOTEL CHARLOTTE, CHARLOTTE, N. C.

SUNDAY, OCTOBER 10, 2:30 P. M.

Dr. Olin W. Owen, Chairman of the Executive Committee, called the meeting to order at 3:00 p. m. Dr. Walter T. McFall gave the Invocation.

Those present were:

Dr. Olin W. Owen, Chairman Executive Committee

Dr. C. C. Poindexter, Executive Committee

Dr. I. R. Self, Executive Committee

Dr. B. N. Walker, President, N. C. D. S.

Dr. J. W. Branham, President-Elect, N. C. D. S.

Dr. Ralph Coffey, Secretary-Treasurer, N. C. D. S.

Dr. Marvin Evans, Editor-Publisher

Dr. W. K. Griffin, Chairman Publicity Committee
 Dr. E. D. Baker, Publicity Committee
 Dr. Neal Sheffield, Chairman Liaison Committee
 Dr. Walter T. McFall, Public Relations Committee
 Dr. C. B. Wolfe, Public Relations Committee
 Dr. J. B. Freedland, Public Relations Committee
 Dr. H. R. Chamblee, Public Relations Committee
 Dr. Pearce Roberts Jr., Chairman Fluoridation Committee
 Dr. T. E. Sikes, Jr., Fluoridation Committee
 Dr. W. B. Peery, Fluoridation Committee

Others present were:

Dr. Stuart Barksdale
 Dr. Milo J. Hoffman
 Dr. Paul A. Stroup Jr.
 Dr. Clyde Jarrett

Dr. B. N. Walker, President was recognized and stated that it was the desire to have those Committees present and outline to the Society the plans for the coming year and to report the work that had been done.

Doctors Roberts, Sikes and Sheffield reported on the work of the Fluoridation Committee. Plans were presented by Dr. Roberts for his work during the year.

Dr. Walter T. McFall acting as Chairman of the Public Relations Committee, in the absence of Dr. J. C. Brauer asked that Doctor Chamblee and Dr. Wolf report on the plans for this year. Reports were made and presented showing the objectives for this year.

Dr. Owen recessed the meeting for thirty minutes in order for the three Committees to have a joint conference and bring back a report for the Executive Committee.

Dr. Pearce Roberts, Jr. reporting for the three Committees asked that the Executive Committee grant \$1000 for the use of these Committees for the year.

Dr. Neal Sheffield reported that the Liaison Committee had studied the requests that had been presented to their Committee and at this time no report would be made.

Dr. W. K. Griffin had no report at this meeting with regards to the Publicity for the Annual Meeting.

This joint meeting was adjourned after the showing of a movie on Fluoridation.

EXECUTIVE COMMITTEE

The meeting was called to order by Dr. Olin W. Owen at 5:50 p.m.

Those present were:

Dr. Olin W. Owen, Chairman	Dr. B. N. Walker
Dr. C. C. Poindexter	Dr. J. W. Branham
Dr. I. R. Self	Dr. Ralph Coffey

The minutes of the last meeting were read and approved.

Dr. J. W. Branham reported that the Committee appointed to



Drs. Fred Hale of Raleigh, D. L. Pridgen of Fayetteville, and John Pharr of Charlotte take time out for serious discussion.

secure an Associate Editor-Publisher was unable to report at this meeting.

Dr. Walker moved that \$1,000 be granted the Publicity, Public Relations, and Fluoridation Committees, and that these Committees use this money at their own discretion for the education of the public. On second by Dr. I. R. Self this was passed.

Dr. Walker asked that the Executive Committee meeting scheduled for October 25, be cancelled. This date was withdrawn by the Chairman.

Dr. Owen asked that he be authorized to have the District Secretaries make reports on the 1st and 15th of each month. On motion by Dr. Walker and second by Dr. Self this was passed.

On motion by Dr. Coffey and second by Dr. Poindexter the meeting was adjourned.

EXECUTIVE COMMITTEE
O. HENRY HOTEL, GREENSBORO, N. C.
NOVEMBER 21, 1954

The meeting was called to order by Dr. Olin W. Owen, following the morning meeting of the District Officers Conference.

Those present were:

Dr. Olin W. Owen, Chairman

Dr. C. C. Poindexter

Dr. J. W. Branham

Dr. I. R. Self

Dr. H. K. Thompson

Dr. B. N. Walker

Dr. Ralph Coffey

Others present were: Dr. M. R. Evans, Editor-Publisher and Dr. Frank Atwater.

Dr. Coffey moved that the North Carolina Dental Society pay for the luncheon served the District Officers. On second by Dr. Branham this was passed.

Dr. Branham moved that Mr. John Shumaker Jr., the speaker for the Conference be paid \$50.00 and expenses. On second by Dr. Poindexter this passed.

Dr. Branham gave the report on the Associate Editor-Publisher. He announced that Dr. Frank Atwater of Greensboro was the selection of his committee and that he moved that Dr. Atwater be named. On second by Dr. Poindexter that he be named a unanimous vote was recorded.

Dr. Branham moved that the Committee appropriate \$1000 to the use of the Centennial Committee, this money to come from the 1954 income of the Society. On second by Dr. Walker this was passed.

Dr. Coffey moved that Dr. Marvin Evans employ a Stenotypist for the 1955 Annual Meeting. This was seconded by Dr. Walker and passed.

Dr. Walker moved that the Committee appropriate \$100 to secure material from the ADA for the use of committees during Children's Dental Health Week. On second by Dr. Self this was granted.

Dr. Owen announced that he and Dr. Walker approved January 16 as the date for the Pinehurst meeting for the final meeting prior to the Annual Meeting. At this time final plans would be made.

On motion by Ralph Coffey and second by Dr. Self the meeting was adjourned.

JOINT MEETING OF THE EXECUTIVE COMMITTEE
AND COMMITTEE CHAIRMEN AND MEMBERS
CAROLINA HOTEL, PINEHURST, N. C.
SUNDAY, JANUARY 16, 1955

Dr. B. N. Walker, President of the North Carolina Dental Society, called the meeting to order at 10:30 a. m. Dr. Walter T. McFall gave the Invocation.

Members present were:

Dr. B. N. Walker, President

Dr. J. W. Branham, President-Elect

Dr. H. K. Thompson, Vice-President

Dr. Ralph Coffey, Secretary-Treasurer

Dr. M. R. Evans, Editor-Publisher

Dr. F. G. Atwater, Associate Editor-Publisher

Dr. Olin W. Owen, Executive Committee Chairman
 Dr. C. C. Poindexter, Executive Committee
 Dr. Z. V. Kendrick, Program Chairman
 Dr. J. B. Freedland, Program Committee
 Dr. M. H. Truluck, Program Committee
 Dr. P. B. Whittington, Jr., Program Committee
 Dr. C. D. Eatman, General Arrangements Committee
 Dr. E. A. Pearson, Exhibits Committee
 Dr. E. L. Eatman, Necrology Committee
 Dr. Milo J. Hoffman, Clinic Committee
 Dr. W. K. Griffin, Publicity Committee
 Dr. S. W. Shaffer, Constitution and By-Laws Committee
 Dr. F. O. Alford, Constitution and By-Laws Committee
 Dr. Dan Wright, Out-of-State Entertainment Committee
 Dr. D. W. Morris, Superintendent of Clinics
 Dr. E. M. Medlin, Arrangements Committee
 Dr. M. L. Cherry, Arrangements Committee
 Dr. R. Z. Turner, Arrangements Committee
 Dr. Norman Ross, Arrangements Committee
 Dr. James Zealy, Arrangements Committee
 Dr. J. D. Kiser, Entertainment Committee
 Dr. C. B. Johnson, Entertainment Committee
 Dr. E. U. Austin, Entertainment Committee
 Dr. R. A. Daniel, Entertainment Committee
 Dr. J. E. Graham, Jr., Golf Committee
 Dr. Burke W. Fox, Advisory to Dental Assistants
 Dr. W. H. Breeland, Resolutions Committee
 Dr. Riley E. Spoon, Jr., Secretary-Treasurer-Second
 Dr. W. T. Burns, Secretary-Treasurer-Third
 Dr. J. M. Pringle, Secretary-Treasurer-Fourth

Others present were:

Dr. C. P. Godwin	Dr. Ralph Falls
Dr. H. V. Murray	Dr. H. E. Plaster
Dr. E. F. Slott	Miss Edna Zedaker
Dr. W. T. McFall	Miss Lillian Callicutt
Miss Mary Benton, President, Dental Assistants Association	
Miss Emma Mills, President, N. C. D. H. Association	
Miss Eleanor Forbes, N. C. D. H. Association	

Miss Eleanor Forbes, Program Chairman Dental Hygienists' Association, was recognized and presented the program of her association.

The Program Chairman, Dr. Z. V. Kendrick, presented an outline of the entire program for the Annual Meeting.

The following Chairmen presented reports:

Dr. W. K. Griffin, Publicity Committee
 Dr. E. A. Pearson, Exhibits Committee
 Dr. C. D. Eatman, General Arrangements Committee
 Dr. Milo J. Hoffman, Clinic Committee
 Dr. J. D. Kiser, Entertainment Committee
 Dr. D. W. Morris, Superintendent of Clinics

Dr. J. E. Graham, Jr., Golf Committee

Dr. E. L. Eatman, Necrology Committee

Dr. Marvin Evans, Editor, was recognized and reminded the members present of the deadline of February 10, of the "Journal." He called to the attention of all the requirements for having the program approved by Mr. Fitzgibbon, Manager of The Carolina, before they are printed in the "Journal."

Dr. W. H. Breeland, Chairman of the Resolutions Committee, was recognized and requested that all committees and members submitting reports which require constitutional or by-laws changes should be in his hands 30 days prior to the Annual Meeting.

The housing of exhibitors in the Carolina Hotel was discussed with no action taken at this meeting.

Dr. Walker commended the Chairmen of the Committees for their fine work and he felt assured the 99th Annual Meeting would be a most successful one.

The Meeting was adjourned at 1:00 p. m. with the Executive Committee to reconvene at 2:00 p. m.

EXECUTIVE COMMITTEE

CAROLINA HOTEL, PINEHURST, N. C.

SUNDAY, JANUARY 16, 1955

Those present were:

Dr. B. N. Walker, President

Dr. J. M. Branham, Pres.-Elect.

Dr. H. K. Thompson, Vice Pres.

Dr. Ralph Coffey, Sec.-Treas.

Dr. Olin W. Owen, Exec. Comm.

Dr. C. C. Poindexter, Exec. Comm.

Others present were:

Dr. M. R. Evans, Editor-Pub.

Dr. Frank Atwater, Associate

Dr. R. E. Spoon Jr.

Editor-Publisher

Dr. W. H. Breeland

Dr. Dan Wright, Chairman, Out-of-State Entertainment Comm.

This meeting was opened by prayer by Dr. Branham. The minutes of the last meeting were read and on motion of Dr. Branham and seconded by Dr. Walker they were approved.

Dr. C. C. Poindexter moved that the Secretary be instructed to secure badges and necessary supplies for the Annual Meeting. This was seconded by Dr. Walker and passed.

Dr. Poindexter moved that the Secretary employ Mrs. Longwell and Mrs. Henderson to help with the registration. This was seconded by Dr. Branham and passed.

Dr. Walker moved that the Secretary be instructed to pay the Honorariums and expenses of the meeting, when each is presented and he be allowed to make these payments in order for the audit to be made by May 31.

Dr. Morris, Chairman Clinics Committee, requested an appropriation to purchase equipment that would be necessary for the clinicians to use at the State Meeting. Dr. Coffey moved the amount up to \$50 be



The Executive Board of the Dental Foundation of North Carolina, Inc., met on Sunday afternoon. Shown facing the camera are, Dr. Amos Bumgardner, president; Mr. Charles Shaffer, University official and Dean John C. Brauer, secretary-treasurer of the Foundation.

approved and to be paid by the Secretary-Treasurer upon the presentation of bills. This motion was seconded by Dr. Walker and approved.

Dr. Walker moved that the Secretary and Dr. W. Howard Branch Chairman of the Housing Committee, assign and be responsible for all rooms for the coming meeting. This motion was seconded by Dr. Branham and approved.

Dr. Dan Wright, Chairman of the Out-of-State Entertainment Committee, requested an appropriation of \$200 for the use of his committee. Dr. Wright's request included a \$25 charge for the visiting ladies to go to the Carolina Orchid Gardens. The members of the Auxiliary are to provide the transportation for this tour. On motion of Dr. Coffey and seconded by Dr. Walker this passed.

Dr. Coffey moved that Dr. Walker work with Dr. Kiser and his committee in arranging the entertainment for the banquet and other activities that the committee will be responsible for. This was seconded by Dr. Branham and passed.

Dr. Owen, Chairman of the Executive Committee, reviewed the requests presented by Dr. Coffey with regards to the Fraternities having meetings during the annual meeting. It was decided to draw for meeting

space assignments. These drawings were held and the assignments are to be carried in the "Journal."

The honor guest for the banquet was discussed and Dr. Branham moved that the President appoint a committee of three to make the selection for this year's meeting. Dr. Walker appointed the following committee: Doctors Poindexter, Owen and Thompson.

Dr. Walker moved that the Card Room be assigned to the American Society of Dentistry for Children, Sunday, May 15, at 5:30 p. m. This request was presented through Dr. W. W. Demeritt of Chapel Hill.

Dr. Coffey presented the estimates and descriptions of the new bookkeeping system which had been agreed upon. The cost being \$974. Dr. Poindexter moved that this be authorized and in addition funds provided for the secretarial help in transferring the records. This motion was seconded by Dr. Walker and passed.

Dr. Branham moved that the District Secretaries be responsible for mimeograph forms to their members in order to secure the proper information for the new bookkeeping system. This was seconded by Dr. Poindexter and passed.

A motion was made by Dr. Coffey and seconded by Dr. Branham that the meeting be adjourned.

JOINT MEETING EXECUTIVE COMMITTEE AND SUB-COMMITTEE
OF ADVISORY COMMITTEE TO
SCHOOL HEALTH CO-ORDINATING SERVICE
SUNDAY, FEBRUARY 20, 1955—11:00 A.M.
SIR WALTER HOTEL, RALEIGH, N. C.

Dr. Olin W. Owen, Chairman of Executive Committee, called the meeting to order. Dr. E. A. Branch gave the Invocation.

Those present were:

Dr. Olin W. Owen	Dr. Ralph Coffey
Dr. C. C. Poindexter	Dr. Ralph Falls
Dr. J. W. Branham	Dr. Paul Fitzgerald, Sr.
Dr. E. A. Branch	Dr. Z. L. Edwards, Sr.

Dr. Z. L. Edwards, Chairman, was recognized and reviewed the work and recommendations of his committee. Dr. Owen asked that the Executive Committee prepare a resolution and present it to the committee for consideration. The following resolution was submitted:

WHEREAS, at its last Annual Convention the North Carolina Medical Society, through its Executive Council, instructed its Legislative Committee, with the aid of legal counsel, to prepare a bill for introduction in the present General Assembly, the enactment of which would authorize the transfer of school health functions from the State Board of Education to the State Board of Health, and

WHEREAS, the Advisory Committee of the North Carolina Dental Society has been requested by the Advisory Committee of the North Carolina Medical Society to join with them and the members of the medical profession in their efforts to effectuate a transfer of school health functions to the State Board of Health through the successful passage of legislation originating with and sponsored by the North Carolina Medical Society, and

WHEREAS, the North Carolina Dental Society has, through the adoption of committee reports, previously expressed its official opinion that the appropriation of \$550,000.00 for each year of the biennium, beginning in 1949, and made available in the budget of the State Board of Education, should have been channeled through the budget of the State Board of Health, and under the supervision of some division of the State Health Department, and directed by one trained in the science and the practice of medicine, and

WHEREAS, throughout the years harmony, good will and the closest of cooperation have existed between the two professions, especially in legislative matters pertaining to the best interests of the public at large, therefore,

BE IT RESOLVED, that the Executive Committee of the North Carolina Dental Society, in special session, Sir Walter Hotel, Raleigh, North Carolina, on this the 20th day of February, 1955, do hereby authorize the Advisory Committee, or its Sub-Committee, as well as advising all members of the North Carolina Dental Society to cooperate to the fullest extent morally, personally and politically with representatives of the Medical Society in their efforts to achieve the object setforth.

EXPLANATION

The above resolution was adopted upon the request of Dr. Z. L. Edwards, Chairman, Advisory Committee to the School Health Coordinating Service. It is to be noted that it is an established policy of the North Carolina Dental Society not to permit any committee to initiate or to sponsor any legislation in the name of the Society unless and until the proposed legislation is presented to the House of Delegates for discussion, study and approval.

Bernard N. Walker, D.D.S., President
North Carolina Dental Society

Dr. Branham moved that the resolution including the attached statement by Dr. Walker be approved. This motion was seconded by Dr. Poindexter and approved.

The joint meeting was adjourned and the Executive Committee reconvened.

The minutes of the last meeting were read by the Secretary and on motion by Dr. Branham they were approved as corrected. The motion was seconded by Dr. Poindexter and passed.

The proposal of an Executive Secretary was discussed and Dr. Branham moved that the committee composed of Doctors Walker, Evans and Coffey make a further study of the proposal and submit their report to the House of Delegates on Sunday evening May 15, at the Annual Meeting. This motion was seconded by Dr. Poindexter and passed.

On motion of Dr. Coffey and second by Dr. Branham the meeting was adjourned.

Ralph D. Coffey

NOTE: The recommendation "dues be increased from \$10.00 to \$32.00" should read "INCREASE FROM \$10.00 to \$25.00."

Ralph Coffey



Dr. Frank Atwater, new editor of the North Carolina Dental Society, and Mrs. Atwater at the dance on Tuesday evening.

REPORT OF THE
EDITOR-PUBLISHER

Report of the Editor Publisher

M. R. Evans

The annual report of your Publication Committee is herewith submitted setting forth the activities for the year 1954-1955.

Journal. The Journal as printed is a record of this phase of activity and is printed as Volume 38. In addition to the duties connected with the publications, the printed program for the annual meeting of the North Carolina Dental Society was arranged by the editor and paid for from Editor-Publisher funds.

Proceedings Issue of the Journal. Your Editor-Publisher has considered carefully the feasibility of changing the custom, followed in previous years, of printing a verbatim report of the Proceedings of the annual meeting of the North Carolina Dental Society. This recommendation was made to the members of the Executive Committee September 19, 1954, and approved by them. The entire report has been recorded in the January, 1955, issue of the Journal of the North Carolina Dental Society.

American Association of Dental Editors Workshop. Each year an editorial workshop is sponsored by the American Association of Dental Editors. These workshop meetings are extremely important and our publication would no doubt reflect the many benefits to be gained by attendance. It would be well for the Editor of the North Carolina Dental Society to avail himself of this opportunity to improve his journalistic knowledge and widen his experience. His expenses should be paid from the Editor-Publisher funds if such funds are available at the time of the meeting.

American Association of Dental Editors. The editor of the Journal of the North Carolina Dental Society has in previous years paid the fee for membership in the American Association of Dental Editors from the Editor-Publisher funds. It would be well for the general editorial staff, including district editors, to become members of this Association in order that they may receive information from this source, thereby becoming better informed on editorial policies. The cost for the additional memberships would be \$3.00 per member.

Recommendations.

1. That the editor of the North Carolina Dental Society attend the workshops of the American Association of Dental Editors, and that his expenses be paid from the Editor-Publisher funds.
2. That the general editorial staff, including the five district editors become members of the American Association of Dental Editors at the expense of the state society.

M. R. Evans, Editor-Publisher
North Carolina Dental Society

Editor-Publisher
Financial Statement
Year 1954-1955

Balance on hand May 15, 1954	\$1,283.70
Receipts	
Advertising Fees	\$3,077.71
Subscriptions	10.00
	<hr/>
	\$4,371.41
Expenditures	
Chapel Hill Telephone Company	76.15
McLean Trucking Company	3.09
Associated Transport	4.81
Roadway Express	3.09
Addressograph-Multigraph Corp.	669.54
Hemmer's Photo Shop	17.50
Colonial Press	
September Issue	766.62
January issue	584.40
April issue	771.05
Hand Programs	176.45
Table of Contents	34.50
U. S. Post Office	
(Postage and deposit)	80.00
Joseph Ruzicka (binding)	21.76
University Service Plants	14.67
Ledbetter-Pickard (supplies)	28.17
Knight-Campbell (supplies)	4.47
Herald Sun Papers	1.00
Western Union	2.78
Foister's Camera Store	27.80
American Association Dental Editors ..	10.00
Book Exchange	4.70
Fisher-Harrison	7.47
Clerical and mailing	
Miss Harriet Horney	32.50
Mrs. Mark Short	5.00
Mr. George Wheless	5.00
Mrs. Ray Litaker	6.00
Mrs. Philip Lloyd	3.00
Miss Jean Serpell	2.50
Intangible tax	1.19
	<hr/>
	\$3,365.21
Balance on Deposit—Bank of Chapel Hill	
August 27, 1955	\$1,006.20



The ladies have a golf tournament too and trying for the trophy are Mrs. C. H. Jarrett and Mrs. Ernest C. Morris of Charlotte.

SCIENTIFIC
SESSIONS

Scientific Sessions

ESSAYISTS

ENDODONTICS

Ralph F. Sommer, D.D.S., M.S., F.A.C.D., F.A.A.O.R., Ann Arbor,
Michigan

OPERATIVE DENTISTRY

Ralph W. Phillips, D.D.S., Indianapolis, Indiana

PERIODONTICS

Lewis Fox, D.D.S., South Norwalk, Connecticut

ORAL DIAGNOSIS

Lester W. Burket, D.D.S, M.D., Philadelphia, Pennsylvania

CLINICIANS

Operative Dentistry

M. G. Miska, University of North Carolina

Charles A. Jarrett, Charlotte

J. J. Lauten, Greensboro

R. S. Turner, Greensboro

Robert E. Finch, Raleigh

Thomas D. Volmer, Burlington

J. R. Carson, Rocky Mount

Clarence Lee Sockwell, University of North Carolina

Richard W. Keller, University of North Carolina

Oral Surgery

C. W. Poindexter, Greensboro

L. D. Herring, Raleigh

P. B. Whittington, Greensboro

Ben H. Houston, Goldsboro

Prosthetics

Ralph F. Jarrett, Charlotte

A. G. Inscoe, Spring Hope

J. K. Holladay, Charlotte

Periodontics

J. Wilfred Gallagher, University of North Carolina

Endodontics

C. Don Gerdes, Biltmore

Roentgenology

J. H. Edwards, Raleigh

Anesthesia

Freeman C. Slaughter, Kannapolis

Pedodontics

Dwight L. Clark, Asheville

Joseph Fremont Burket, University of North Carolina

Pharmacology

Clinton C. Diercks, Morganton

Oral Pathology

Stanford Harris, Weaverville

Dr. Remus Turner demonstrates his technique to an interested group. The able clinic presented by Dr. J. J. Lauten and Turner of Greensboro was very well received by the dentists and was chosen by the Clinic Board of Censors to represent North Carolina at the ADA meeting in San Francisco.



Oral Diagnosis

Lester W. Burket, Dean, University of
Pennsylvania, School of Dentistry

Dentistry has more or less grown in stature as a member of the health service professions as the practitioners of this profession have become more interested in prevention and more interested in diagnosis. There is no better avenue for friendly relations between our medical and dental colleagues than in the field of diagnosis. Here, we can show our medical colleagues that we are truly interested in the health of our patient, and not just in the particular procedures that we are going to perform in the oral cavity.

Our potentialities in the field of giving our patients a health service has only been scratched on the surface. In some respects, we are far ahead of our medical colleagues in appreciating the value of periodic dental health care, and while I am not advocating that we should be concerned as much about the general health status of the patient as we are about the dental health of the patient, I can assure you that if we have a sick patient who cannot get to our office, he is not going to be

a good dental patient. I often tell my students that there are more sick patients walking the streets than there are in hospitals; they just do not know they are sick. Some of these sick patients are going to come into your office, not realizing that they are ill.

Time is not available for a discussion of all the ways that you might render a health service to the patient from the standpoint of his general physical condition. I am going to more or less concentrate on discussing techniques or measures that you might employ which will help you to diagnose some of the lesions on the soft oral tissues. In the field of diagnosis, as dentists, we have been somewhat negligent in that we have concentrated on the teeth and the supporting tissues—and that is a very noble objective, because, after all, that is where most of our patients need services. We must not overlook, however, the oral mucosal tissues and the tongue.

Primarily lesions affecting the oral mucosa and the gingival tissues of systemic origin will be discussed.

First, I wish to dispel the opinion that some have that an oral diagnostician is some dental superman. This impression has been implanted in the minds of some general practitioners by the oral diagnostician. I am not referring to Dr. Evans or Dr. Hunter in your own state; but in former years some oral diagnosticians wanted to give the impression that they were supermen in the oral field. I feel all of you have the fundamental knowledge and ability to be good diagnosticians. It is not so much what you know, but how you apply what you know.

I always think of an analogy that one of my former professors in medical school used. He said, "I came up for a final examination in

anatomy, and I was a little rusty on it. One of the exam questions was 'Describe in detail the terminal distribution of the ulnar nerve.' " He said, "There was only one thing I remembered about the ulnar nerve—that it ran over the elbow. I did know enough about physiology to realize that you could stimulate a nerve by electrical shock or trauma. That was very easily done; I answered that question and got 100. I banged my arm down on the table right on my 'funny bone.' Then I traced beautifully the distribution of the ulnar nerve."

It is not how much detailed information you have, but how you apply what you already know but perhaps you do not realize you know.

I feel we have an unusual responsibility in diagnosis, and perhaps many of us have not achieved it because we have failed to follow simple routine diagnostic procedures. I attempt to divide the diagnosis of oral lesions into two main steps. First is the patient's contribution to the diagnosis. I think we underestimate how much the patient can help us in diagnosing lesions. The second phase of the diagnostic procedure is our major contribution; it consists of a careful oral examination.

If you think the patient does not contribute significantly to the diagnosis of oral lesions, particularly the type that I am talking about, let me give you an example. I had a most unusual secretary many years ago. She worked for the late Dr. Ziskin for seven or eight years and thus had an excellent background. During the six years she was my secretary, she heard many patients give their histories of various complaints. When we would write the letter to the physician or the dentist about the patient, she would say, "What did that patient have—this or that?" Seven out ten times, she would be correct.

I wish to stress the importance of the patient's history in the correct diagnosis of some of the lesions that you will be shown later. The patient's history is an extremely important aid in the diagnosis of these less frequent, and perhaps not quite so striking, lesions.

Many of us put the patients in a psychologically unfavorable position when we attempt to take a history. We may seat them in a dental chair and put the chair rather low. We stand over them with great professional dignity and bombard them with questions. This may be a very satisfactory relationship, with the patient seated in the chair and the dentists standing, when fees are discussed, but when you try to obtain the true story of the patient it puts him in a psychologically disadvantageous position.

I sometimes wonder how we would react if we had to consult a surgeon with a pain in our belly and the first thing he did was to have us get on the examining table and then start to take our history while we were in the prone position. It would be a little embarrassing to us, and the history would be unsatisfactory. Many of us do a comparable thing when we attempt to obtain a history from our patients when they are seated in the dentist's chair.

I think this is the stage of the diagnostic procedure when you should place yourself on the patient's level. You should be interested in not only hearing the patient's symptoms, but more important, in determin-



University of North Carolina dental students line up for registration Tuesday morning.

ing how the patient is reacting to his disease. We are not treating disease as such, but we are treating patients with disease, and each patient may react differently to his disease. It may save us much time and embarrassment to determine how the patient is reacting to this disease or complaint as we proceed.

I like to have the patient seated at my level. I also like to shake hands with the patient. This gives me some idea of his reaction to the chief complaint.

I do not ask, "Give me the history of your trouble." I say, "What is wrong?" If the patient replies that he has a sore in the mouth, I let it go at that, because at the very beginning when the patient states the chief complaint, we may make one of our most serious errors. That is, we attempt to correct the patient's use of scientific terms. As long as we have a general idea what the patient is talking about, do not correct him. Remember, when the average layman comes to any professional man, he is somewhat embarrassed and at a disadvantage.

I ask that patient to tell me the "story" of his trouble, not the history, because most patients associate with the term "story" a narrative giving the important events in chronological sequence. Another mistake that is frequently made is to interrupt the patient if he starts

to digress slightly from his story. You cannot let a patient sit and tell you about all of the things that have happened in the last twenty-five years, but I think it is extremely important at times, to allow the patient to digress slightly.

Let me give you an example. The patient comes to you with a painful burning tongue. The usual patient who complains of a burning tongue will be a female, probably past the menopause. She will probably state that she has been to this physician, and this and that dentist. She will tell you what treatment they prescribed, and she will tell you how it was unsuccessful. I think it is important for you to get this background of the patient because if you do not, you might be the next man she will be talking about. These patients are not exactly the type who will build up your practice.

It is important for you to find out how this patient reacts, to some extent. You will say, "I cannot listen all day long to this type of story" I find this a very effective way to bring the patient back on the track. As soon as the patient stops to take a breath, you say, "Now, Mrs. So and So," and then repeat the last thing you think was significant in her history. She will usually continue the narrative. These little detours may save you much trouble later.

Sometimes the patient just "gets stuck." He stops, and he is still six or eight months behind time. He is not up to date. Frequently, you can get these patients started again by using the same technique, just repeating the last significant thing they said, and say, "Well, then what happened?"

During this history taking, I do not think you should question the patient too much. Let him tell his own story, and certainly, do not ask any leading questions. After the patient has more or less completed this "story" and has brought things up to date, then ask him if he observed any other symptoms in other parts of the body that occurred during this same period. I have repeatedly seen students arrive at a reasonably accurate tentative diagnosis when practitioners with many years of experience have failed, because of this one simple question. If a patient has numbness and pains in the lower extremities he is not going to associate these with a painful tongue or some oral disturbance. Many times these more distant symptoms will be significant parts of the history that will help you make a correct diagnosis.

At the conclusion of the history, write down or bear in mind several diagnostic possibilities. You may wish to ask the patient some specific questions. This is the time to do it. When you make your examination of the patient, you already have certain tentative diagnoses in mind.

I have not said anything about an evaluation of the general health status of the patient. This can be done by routine questioning. For many years we have used a health questionnaire for evaluating the general health status of the patient. It has been an excellent case-finding tool for patients who did not realize that they had symptoms of sufficient severity to see a physician. This technique is used routinely with our clinic patients, and many members of our staff use it in their private practice. Time does not permit a discussion of this health questionnaire with you.

Now we come to the physical examination of the patient, or the second phase of the diagnostic procedures. You now assume your full professional role. A definite routine should be used. The chief complaint for which the patient may seek treatment is not the most significant lesion that might be present. Therefore, the patient must be treated as a total individual and not on the basis of the chief complaint alone.

Too frequently when a patient complains of an ulcerative lesion at some area in the mouth, we are prone to look first at the ulcerative lesion. If the patient is in acute pain, that is a very justifiable and correct procedure. If it is a lesion of a few days' or weeks' standing, it is preferable to begin our examination in areas at some distance from the lesion in question. As we examine these areas routinely throughout the mouth we gain the confidence of the patient so that when the lesions in question are eventually examined it is possible to evaluate how the patient is reacting to palpation and similar procedures. We will obtain a better evaluation of the patient's reaction to pain.

It is desirable to have some tentative diagnosis in mind when the patient is examined, because it permits a more logical examination. The teeth or supporting tissues are not neglected, but I am interested chiefly in soft tissue lesions that might be sent to me for a diagnosis. The chief complaint of the patient is the last area to be examined. This should be done in a very careful and sympathetic manner.

Bi-digital and bi-manual manipulation should be used in any area where it is possible. This is particularly valuable in the examination of the tongue. Careful palpation of a relatively small superficial lesion on the tongue might reveal a much more extensive hidden lesion.

Lastly, the patient should be examined for adenopathy. The throat of the patient should be examined, but any procedure that might cause the patient to gag is deferred. The examination for adenopathy is deferred until last, since it can be done more intelligently after the location, size, and extent of the lesion in the mouth are determined.

The problem will arise as to whether x-rays or special laboratory procedures should be available when the patient is examined. Full mouth roentgenograms are highly desirable. Laboratory studies should be deferred until after the clinical examination has been made. By this time, the diagnostic possibilities should be reduced to two or three diseases. If laboratory studies are required, now is the time to request them. Remember that in dentistry, laboratory studies are of less value in diagnosis than they are in medicine. In dentistry we are more concerned with anatomical appearance and the physical character of the lesion, such as can be detected by palpation, than we are with laboratory procedure, except for biopsy study and a complete blood count. It is unfair to the patient to request laboratory procedures unless they are definitely indicated.

Biopsy study may be required. The patients are now accepting more readily biopsy studies for the diagnosis of benign lesions. They are less apprehensive than formerly. If it is said tissue should be removed for "study under the microscope," the patient feels a little better about it than if it is said, "A biopsy should be made."

The biopsy is not infallible. The pathologist is not infallible. There are instances known where the tissue specimen has had the wrong number. A negative biopsy report is of little significance if the clinical lesion is indicative of serious pathology.

A positive diagnosis cannot always be made, but the average dentist hesitates to tell the patient he is unable to make a diagnosis. Any dentist associated with a hospital staff will know that in the standard diagnosis coding there is a definite number of undiagnosed conditions. The dentist should not hesitate to tell the patient, if a good diagnostic procedure and routine has been followed, that he is unable to make a diagnosis. That is not enough for the patient. Many patients are more interested in what they do not have than in what they have. We should be honest with the patient. The dentist should tell the patient that he has gone through these various diagnostic procedures, and at this time, there is no evidence of any malignancy, no evidence of syphilis or any other particular disease the patient might be concerned about.

It is the dentist's responsibility, if he cannot make a diagnosis, to give the patient the opportunity to consult someone else if he so desires. I always offer to make available the x-rays and all my records to any other consultant the patient may wish to see. It has been my experience that if you are honest with your patients, if you tell them what they do not have and what you have found, and if you give them the opportunity to consult someone else, in most instances they are satisfied with what you have done.

Some Common Causes For Failures of Materials in Operative Dentistry

Ralph W. Phillips, Associate Professor
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With the inauguration of the American Dental Association research fellowship at the National Bureau of Standards and the ever expanding research activities in dental schools and commercial companies, the quality of dental materials is improving daily. Generally the clinical failure of the materials used in operative dentistry can no longer be blamed upon use of an inferior product but rather upon improper use of a material which, when properly manipulated, does have adequate chemical and physical properties. Unfortunately all dental materials are subject to many human variables and their properties, and thus their clinical behavior is dependent upon the manner in which they are used. It is the purpose of this paper to discuss those factors which may, and do, cause clinical failure of the more popular restorative materials. No discussion of failures due to improper selection of material or to faulty cavity preparation will be included—just the factors involved in the handling of the materials themselves.

AMALGAM

Recent research has shown that approximately 40 per cent of all failures of amalgam can be attributed to faulty manipulation of the alloy.¹ Most of these failures due to manipulation can be associated with inadequate strength or excessive dimensional change. Unfortunately these particular properties are influenced greatly by certain manipulative variables.

There is no doubt that adequate compressive strength is essential to the success of the restoration. Fracture, even on a small area, will hasten deterioration, recurrence of decay and subsequent clinical failure. Loss in strength of amalgam, and thus fracture under normal biting stress, is invariably associated with excess residual mercury in the final restoration. Excess mercury has a deleterious effect not only in lowering the strength but also the resistance of the restoration to tarnish and corrosion. Research has shown that the average amalgam contains approximately 45 per cent residual mercury after condensation and in some cases may exceed 65 per cent.²

There are three factors which basically will govern the final mercury content and the ability of the restoration to resist biting stresses:

1. original mercury-alloy ratio; 2. trituration; 3. condensation.

The minimum amount of mercury to attain a workable mass of material is employed. The manufacturer's recommended ratio must be followed. Thus some type of weighing or proportioning device is indicated. Guessing at the ratio invariably results in use of too much mercury and excess mercury in the original mix leads to excess in the final restoration, regardless of the condensation technic.³

Undertrituration, with any commercial alloy, results in a severe loss in strength.⁴ It likewise produces a grainy mass of material that is difficult to condense and carve, leaving a rough surface that will result in fraying of the margins and corrosion. The amalgam should have a smooth appearance at completion of trituration. There is no danger in thorough trituration, within reasonable limits, but undertrituration must be prevented.

Heavy condensation pressure is necessary to remove the excess mercury and thus assure maximum strength. Either hand or mechanical condensers may be employed with comparable results insofar as the physical properties are concerned. Insufficient condensation pressure is a common cause for fracture of amalgam even when placed into a cavity preparation that does provide adequate bulk of material. Compressive strength is directly proportional to the packing pressure.

Regardless of the care taken to properly weigh, mix and condense the amalgam and to prepare a cavity preparation that will provide adequate bulk, the amalgam restoration is extremely fragile during the first few hours.^{5,6} Although the strength rises to approximately 45,000 pounds per square inch at the end of 24 hours, its strength at one hour may be as low as 10,000 pounds per square inch. Accidental or intentional stress at this time results in fracture and clinical failure. Thus the patient must be warned to refrain from biting on the restoration during

these first few critical hours. Undoubtedly it is during this time that a high per cent of fractures do occur—stress placed before the alloy has had sufficient time to gain the necessary strength.

Of equal importance to adequate strength is control of excessive dimensional change. It is known that severe expansion of amalgam accounts for 16 per cent of all failures.¹ This expansion is due to only one thing—contamination of the alloy with moisture.⁷ The zinc, present in most popular alloys in various concentrations, in the presence of mercury dissociates water into hydrogen and oxygen. The trapped gas exerts a pressure within the restoration which results in a delayed expansion of several hundred microns. This expansion is exhibited clinically in the form of protrusion, pitting, postoperative pain and internal corrosion. The overhanging margins produced by the expansion invariably lead to recurrent caries. Recent research has also shown that this phenomenon causes a serious loss in strength of the alloy, approximately 25 per cent.⁸ Thus mulling amalgam in the palm of the hand or contamination with saliva during insertion must be prevented.

GOLD INLAY

The object of a dental casting technic is to produce from a wax pattern a casting which will fit snugly on the preparation, be smooth and be free from any porosity. The success of the inlay depends upon minute accuracy and maintenance of the high physical properties of the metal in order to resist deformation and corrosion. Probably the most critical problem facing the operator is to obtain this necessary accuracy. Unfortunately, zinc phosphate cement is soluble in oral fluids. The less precise the fit of the inlay, the greater the margin of cement exposed and the sooner will this margin deteriorate due to the dissolution of the cement. Use of magnifying lenses soon impress upon the observer that the best inlay fits none too good. Consequently maximum accuracy is imperative for the gold inlay and most common failures are associated with this problem and in particular to the lack of controlling any distortion in the wax pattern.

Since the wax pattern must be an exact replica of the preparation, it is necessary to reduce to a minimum any distortion of the pattern from the time it is made until it is invested. A wax pattern contains a great amount of internal strain due to the natural tendency of the wax to contract on cooling, changing the shape of the wax in molding, carving, etc. These strains can be minimized by avoiding undue patching and pooling of the wax and by molding the pattern at as high a temperature as possible. However, all wax patterns do contain internal strain and these strains will be relieved over a period of time, producing distortion. The strain starts to be released as soon as the pattern is removed from the cavity preparation or die. Some types of patterns will distort sufficiently in one-half hour to prevent critical fitting of the inlay.⁹ Therefore, the pattern must be invested immediately upon removal from the cavity preparation. It may remain in the investment as long as necessary before casting but it is vitally important to invest it before distortion can occur. Of course the degree of distortion which may take place is regulated also by the storage temperature. The higher the

temperature, for example near a radiator, the greater the distortion. If a pattern must be stored off of the preparation, it should be placed in a refrigerator since wax is most stable at low temperatures.⁹

With indirect procedures, it is a good policy to check all margins immediately before investing. On occasion, even on the stone die, the wax will distort slightly during the interval between fabrication and investing.

The accuracy of the casting is likewise governed by the impression technic whenever indirect procedures are employed. It is impossible to discuss this phase of work in this paper. It can be pointed out, however, that reversible hydrocolloid is an extremely accurate impression material and is unexcelled in this area.^{10, 11, 12} However, the accuracy of the working die can be assured only by preventing any distortion in the impression material. Again the most common source of error is the common practice of allowing the impression to stand for a period of time before the model is poured. During this time interval, the material, which is approximately 80 per cent water, will lose or gain water and thus change in dimension. Likewise the internal strains are released and add to the distortion. Thus hydrocolloid or alginate impressions must be poured as soon as possible after removal from the mouth.¹³ There is no storage environment which will prevent distortion.

Other factors which will assure maximum accuracy are: 1. use of water no colder than 60°F for chilling the impression; 2. allowing the hydrocolloid to gel for at least five minutes before removal; 3. removal with a snap thrust in a direction parallel to the long axis of the tooth.

The other problem other than accuracy, that greatly influences the clinical behavior of the inlay is the density of the casting. Any porosity is a source for corrosion cells and if severe the loss in physical properties, such as hardness, is dramatic. There are three causes for porosity in dental castings: 1. shrinkage porosity is associated with use of too thin a sprue. The sprue should be at least 14 gauge unless the pattern is very small. This type of porosity is localized at the point of sprue attachment and is due to the gold freezing in the sprue before it completely fills the mold; 2. back pressure porosity is produced whenever the pattern is too far from the end of the ring. The air in the mold must escape through the investment or the gold cannot completely fill the pattern area. If the pattern is not placed approximately ¼ inch from the end of the ring, the air cannot escape and the back pressure created produces an incomplete casting or sporadic porosity. The pattern can be located properly either by using a long sprue or by merely not completely filling the ring; 3. occluded gas porosity is produced whenever the metal is oxidized. The blowpipe should be held in a position so that the reducing part of the flame is always on the metal. When the metal is in this position, it has a shiny mirror-like surface. If it appears dull and is covered with a scum, then it is apparent that the metal is being oxidized. Upon solidification the gases are liberated and the entire casting is filled with voids. Liberal use of flux, either with new or old metal, is another aid in protecting the metal.

The cement itself is naturally an integral part of the inlay. Its

properties are greatly effected by manipulation and since this material is the actual weak point in the chain, it is necessary to obtain the best properties possible. The primary factor that controls the solubility and strength of zinc phosphate cement and silicate, is the powder-liquid ratio. These vital properties are directly related to amount of powder that is incorporated into the liquid, the more powder used in a given amount of liquid the stronger and less soluble will be the cement.¹⁴ The only way that a maximum amount of powder can be incorporated is by the use of a cool slab. The slab must be chilled before mixing; however, care should be taken that the temperature of the slab is not below the dew point. Moisture contamination of the cement will lower its physical properties.

Another variable which influences the clinical success of the cementing material is proper care of the powder and liquid. The liquid contains a definite amount of water and if this balance is not maintained the setting time is altered and the consistency of the mix will vary accordingly. The bottles of cement and liquid should be kept tightly stoppered at all times.

RESIN

Failures with the self-cured resins in restorative dentistry can generally be associated with the known inherent shortcomings in the physical properties of the material. Great progress has, and is, being made in perfecting these materials. For example the color stability is improving and use of new types of accelerators should yield further beneficial results. The brush technic originated by Nealon has aided materially in minimizing the contraction which occurs during polymerization.¹⁵ However the resins, as a class of materials, are still in the formative period and the dentist must be aware of their weaknesses in order to employ them successfully.

The auto-polymers have a low hardness, one-half that of pure gold and are therefore subject to wear and abrasion. Their low modulus of elasticity also contraindicates their use whenever they will be subject to stress.

Possibly one of the main disadvantages of these materials is the high thermal coefficient of expansion. For every degree change in temperature of the mouth, the resin will expand or contract, seven times as much as the surrounding tooth structure. It is believed by many that this phenomenon may produce a marginal percolation and finally caries.¹⁶ This problem is being attacked in numerous ways. One method is to reduce the coefficient of expansion of the resin itself and many of the resin cements now on the market do contain filler materials added for this purpose. Likewise better adaptation, or if possible actual adhesion of the material to the tooth surface, would help to minimize the percolation. Cavity liners to paint on the preparation before insertion of the resin are probably advantageous from this standpoint and the brush technic unquestionably produces better adaptation.

SUMMARY

The perfect restorative material has not yet been made and it may be many years before such an ideal is reached. However, the several materials that are widely used in operative dentistry are basically satisfactory. Their clinical success is dependent to a great extent upon a thorough knowledge of their properties and intelligent manipulation.

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DISTRICT

OFFICERS

CONFERENCE

District Officers Conference

Dr. Horace Thompson opened the second annual meeting of the North Carolina District Officers Conference at the Belmead Room of the O'Henry Hotel, Greensboro, Sunday, November 21, 1954. Present were: Charlie Poindexter, Gilbert W. Yokley, Harold W. Thompson, W. H. Parker, Harry A. Karesh, James M. Zealy, J. Walton Branham, Olin Owen, Sam Isenhower, C. Z. Candler, Charles B. Johnson, M. M. Lilley, Guy R. Willis, William Burns, Walter Finch, Jr., Arthur D. Barber, J. M. Pringle, J. E. Swindell, Thomas G. Collins, Marvin Evans, Bernard Walker, Horace Thompson, Ralph Coffey, Clint Diercks, Riley E. Spoon, Frank Atwater, Neal Sheffield, I. R. Self.

The Secretary was asked to read the minutes of the previous meeting. They were read, and there being no corrections or errors, were approved.

Dr. Thompson called for the election of officers for the coming year. Dr. Marvin Evans, nominated Dr. Diercks for the office of president. The nominations were closed and Dr. Diercks was elected unanimously.

For the office of secretary. Dr. J. Walton Branham nominated Dr. Riley Spoon. The nomination was seconded, closed, and Dr. Thompson instructed the secretary to cast a unanimous ballot in behalf of Dr. Spoon. It was done.

Dr. Thompson then recognized Dr. John Brauer, Dean of the Dental School, University of North Carolina, who spoke briefly on the Dental Education Program of the University of North Carolina. After a lengthy discussion, Dr. Coffey made a motion that the first series of this program be approved as outlined. Dr. Frank Atwater seconded the motion and it was approved unanimously.

Dr. Bernard Walker was called on to introduce Mr. John Shumaker, Executive Secretary for the Tennessee State Dental Society. Mr. Shumaker presented a detailed paper of the workings of the Central Office of the Tennessee Society. It was followed by a question and answer period. Dr. Thompson made a motion that the District Officers Conference go on record of approving the need for an executive secretary. Dr. Atwater seconded the motion, and it was carried unanimously.



"Old grads" Al Cline of Canton and Dwight Clark of Asheville get together at the meeting. They are members of the first graduating class of the University of North Carolina's School of Dentistry.

Dr. Marvin Evans was recognized and he reviewed the procedure for sending material to the editor.

Dates for the District Dental Meetings to be held in the fall 1955 were set as follows:

- 1st—25-26 September
- 2nd—11-12 September
- 3rd— 2- 3 October
- 4th—19-20 September
- 5th—18-19 September

The meeting was then recessed for lunch, after which Dr. Thompson turned the gavel over to the new president, Dr. Diercks, who spoke briefly on the idea of trying to obtain some uniformity among the five districts on a few sections of the Constitution and By-Laws to expedite the business of the State Society.

The meeting was then adjourned.

Riley Spoon, Secretary, N.C.D.O.C.

DISTRICT OFFICERS CONFERENCE

Pinehurst, May 16, 1955

Dr. Clint Diercks called the meeting to order.

Minutes of the last meeting were read and changed as follows: Dr. Brauer's references to Dental Education Program of the University of North Carolina relates to television programs. The minutes were then approved.

Members present: Drs. Diercks, Spoon, Shaffer, Harold Thompson, Horace Thompson, Roberts, Lilly, Willis, Barber, Finch, Karesh, Nisbet, Zealy, Pringle, Swindell, Charles Johnson, Coffey, Candler, Isenhower, and Evans.

Dr. Diercks suggested that since the group did not have funds available we should ask for appropriations to establish permanent records. After discussion it was decided to work with the State Secretary to set up a permanent record for the minutes of the District Officers Conference. (This has already been set up and copies of the two meetings are available to the members.)

A discussion was held relative to the differences existing in the Constitution and By-Laws of the various districts and again it was decided that the D.O.C. members should study the problems in an effort to suggest changes to more closely correlate the various District Constitution and By-Laws and to more closely conform with the State and A.D.A.

Dr. Isenhower moved that each District Secretary forward his particular Constitution and By-Laws, with all changes noted, to the D.O.C. Secretary. The Secretary would then compile these variations into comparative forms for future study. Seconded and passed. Specific forms will be sent each District Secretary for this information.

It was moved and passed that another D.O.C. meeting be called sometime in June to complete this study and to invite the Chairman of the Constitution and By-Laws Committee from each District. Changes thus recommended will be published in the District issue of the Bulletin.

The group then discussed the processing of new member applicants. Since it was indicated the policy of new members would be established at the district level a more standardized procedure for new member applications was felt was necessary for the districts. An opinion was stated by some members present that the policy relative to new member applicants should be established at a state level and the districts then comply. Upon the suggestion of Dr. Coffey the matter was tabled until a later date.

As information: Members of the Old North State are not recognized by the A.D.A. because they are a "splinter society" in our state. Their members cannot participate in our group insurance nor can they receive *The Journal* of the A.D.A.

Meeting adjourned.

R. E. Spoon, Secretary

NORTH CAROLINA

DENTAL

AUXILIARY

1954-1955



Competing in the Auxiliary's annual Bridge tournament are left to right: Mrs. Frank Atwater, Mrs. T. E. Sikes, Jr., Mrs. Remus Turner, all of Greensboro and Mrs. L. M. Massey of Zebulon.



Following installation ceremonies, members of the Auxiliary started working on plans for next year. Shown are Mrs. Henry Carr, president-elect; Mrs. Grady Ross, president; and Mrs. R. A. Daniel, vice-president, all seated. Standing are Mrs. Darden Eure, Executive Committee member and Mrs. Edward U. Austin, treasurer.

Report of the North Carolina Dental Auxiliary 1954-1955

At the request of your President, Dr. Bernard Walker, I wish to respectfully submit the following report of the year's work of the Auxiliary in those fields of endeavor which were assigned to us by the North Carolina Dental Society. Namely; the collection of amalgam scrap for Dental Relief, the supervision of vocational guidance in the high schools and junior colleges of the state, the assistance to the North Carolina Dental Foundation in the matter of fund raising, and assistance to the Out-of-State Entertainment Committee in looking after these visitors of the dental society, particularly their wives. Due to the fact that our year's work will not be closed until after these reports are mailed to you, I regret that none of them will be entirely complete.

Mrs. W. M. Ditto, Chairman of the Amalgam Scrap Committee, reports that the shipment of scrap to the refinery is being held until May the second. She has consulted the supply house that is handling the pooling of the collection and, from their estimate, feels sure that the check which we will turn over to you this year for Dental Relief will exceed \$2000.

Mrs. Henry O. Lineberger, Jr., Chairman of Vocational Guidance, reports that, in the three districts which have sent in their yearly reports, county chairmen were secured who distributed, either personally or by mail, pamphlets to the high schools and junior colleges in their respective areas and talked to the Vocational guidance teachers of each. These pamphlets contained information concerning the advantages of becoming a dentist, an oral hygienist, and a dental assistant. They also contained the qualifications necessary for entrance into a school of dentistry or oral hygiene. The county chairman also arranged for a dentist to speak to individuals and to groups of students when there was enough interest evidenced to merit this. There were a considerable number of these interviews and talks.

Mrs. H. O. Lineberger, Chairman of the Dental Foundation Committee, reports that as of April 25, there had been eight (8) memorials given for the Memorial Book, and in the Book of Service there had been nine (9) recognitions. These memorials and recognitions will bring to the Dental Foundation the sum of not less than \$1365.

In the matter of the entertainment of out-of-state visitors, in particular their wives, I, as President of the Auxiliary, have written to the wives of each of the clinicians and out-of-state visitors, whom I have been informed would be there, welcoming them, telling them the

entertainment we have planned and urging them to participate in our activities. Mrs. Everette Moser, Chairman of Hospitality, will have a note of welcome with a special invitation to attend the Sunday afternoon lawn party in the box of each of these people upon their arrival in Pinehurst. She has also arranged with Mr. Lee, of the Carolina Orchid Gardens, to present each of the clinicians wives and the wives of the special guests of the society with an orchid corsage. Mrs. Walter McFall, Chairman of the Entertainment Committee, is making a particular effort to see that these ladies will have plenty of good company, and she will have someone in the Out-of-State visitors parlor before lunch and dinner to assist in the entertainment there.

We have all enjoyed the work we have carried on at your direction this year. We have not only found pleasure in it but the deep satisfaction that comes from doing something worthwhile and feeling that in some small way perhaps we have helped you, our husbands, advance your profession a bit further. We appreciate, far more than we can express, your allowing us the very real privilege of helping you in these endeavors.

Mrs. Ralph D. Coffey, President
North Carolina Dental Auxiliary



Door prizes were awarded at the Auxiliary luncheon on Tuesday and shown presiding over the festivities are Mrs. Ralph Coffey, president; Mrs. Ralph Falls, secretary and Mrs. James E. Furr.



The North Carolina Dental Hygienists Association greeted their members and especially invited guests at a reception Sunday afternoon. Shown at the party are—seated, left to right, Mrs. J. W. Branham, Doris Griffin, Carolyn Bullock, Mrs. J. W. Bowman, Peggy Everette, Emma Mills, Margaret Jones, Mrs. Bernard Walker, and standing Margaret Swanson, Mrs. Nancy Horton, Eleanor Forbes and Mrs. Amos Bumgardner.



Representatives of the Durham Dental Assistants Society are shown with the table clinic "Learning Through the A.D.A.A. Extension Study Course," which was selected by the Clinic Board of Censors to represent North Carolina at the San Francisco meeting.

The Dental Fraternities found time to together for a meeting, too, on Tuesday afternoon. From top to bottom are the Psi Omega, the Xi Psi Phi and Delta Sigma Deltas.





Dr. J. W. Branham, president-elect, talks with Dr. Henry Carr of Durham before the ceremonies installing him as president for the year 1955-1956.

APPENDIX

Membership Report

District Number	1	2	3	4	5	Total
Current Dues	154	189	160	102	106	711
State Life	14	30	31	29	34	138
ADA Life (No Journal)	0	0	3	5	0	8
ADA Life (with Journal)	4	1	2	1	0	8
Student Member	8	9	11	5	7	40
Re-instated	0	1	0	2	0	3
Military	6	5	6	9	3	29
Back Dues	4	0	5	0	0	9
New Members	5	4	2	2	1	14
<hr/>						
Totals	195	239	220	155	151	960

North Carolina Dental Society 1955-1956

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J. WALTON BRANHAM, <i>President</i>	
200 Masonic Temple Building	Raleigh
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405 Trust Building	Durham
RALPH COFFEY, <i>Secretary-Treasurer</i>	Morganton
FRANK G. ATWATER, <i>Editor-Publisher</i>	
1202 Madison Avenue	Greensboro

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C. C. POINDEXTER (1956) Jefferson Building	Greensboro

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F. O. ALFORD (1958) Liberty Life Building	Charlotte
WILBERT JACKSON (1957) Rich Building	Clinton
WALTER McFALL (1956) Flatiron Building	Asheville

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GEORGE F. KIRKLAND, 405 Trust Building	Durham
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North Carolina Dental Society

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Vance Kendrick	J. M. Pringle



President-elect Branham and co-workers for year 1955-1956. Left to right Horace K. Thompson, president-elect; George Kirkland, vice-president; Ralph Coffey, secretary-treasurer; Walter McFall, Wilbert Jackson, Frank Alford, delegates to the American Dental Association; Darden Eure and Homer Guion, State Board of Dental Examiners.

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CRANK, J. CECIL (3)	411 Guilford Bldg.	Greensboro
CRAYER, A. W. (3)	Jefferson Bldg.	Greensboro
CRAWFORD, D. H. (1)	231 Haywood Bldg.	Asheville
CRAWFORD, J. R. (2)	612 O'Hanlon Bldg.	Winston-Salem
CROTTS, HYLTON K. (2)	1512 Reynolds Bldg.	Winston-Salem
CROUSE, VANCE LEE (2)	Doctors Bldg.	Charlotte
CROWELL, J. G. (1)	310 Com. Bldg.	Hendersonville
CUMMINGS, PAUL M. (3)	School of Dentistry	Chapel Hill
CUNNINGHAM, FENTON S. (1)	City Bldg.	Asheville
CURRENT, A. C. (1)	612 Commercial Bk. Bldg.	Gastonia
CURRENT, A. C., JR. (1)	612 Commercial Bk. Bldg.	Gastonia
CURRENT, WILLIAM CLYDE (2)	First Nat. Bk. Bldg.	Statesville
CUTHRELL, EDWIN (2)	5½ E. Main St.	Thomasville

DANIEL, ROBERT LEE (3)	Reidsville
DANIEL, RUFUS A., JR. (5)	Roanoke Rapids
DANIELS, L. M. (3)	Southern Pines
DANIELS, O. C. (5)	2819 Stonewall Ave. Richmond, Va.
DARDEN, THOMAS H. (3)	Box 1322 Chapel Hill
DAVENPORT, H. V. (1)	507 N. Center St. Hickory
DAVENPORT, WILLIAM (1)	P. O. Box 85 Spruce Pine
DAVIS, FRANK W. (1)	Flatiron Bldg. Asheville
DAVIS, J. V., JR. (2)	181 N. Spring St. Concord
DAVIS, WALTER HAMLET (1)	13 Hill Top Rd. Asheville
DAWKINS, CHARLES D. (3)	Marshville
DAWSON, IRBY C. (3)	126 N. Main St. High Point
DEARMAN, J. H. (2)	Box 5 Statesville
DEHART, V. L. (2)	Walnut Cove
DEMARY, C. J. (5)	New River Clinic Jacksonville
DEMERITT, W. W. (3)	School of Den. Chapel Hill
DENTON, E. C. (5)	Whitakers
DERBY, JAY E. (1)	Tryon
DICKENS, CARL W. (3)	Box 837 Chapel Hill
DICKEY, HARRY (1)	Murphy
DICKSON, B. A. (1)	10½ S. Main St. Marion
DIERCKS, C. C. (1)	Kibler Bldg. Morganton
DILDAY, JOHN S. (3)	111 Corcoran St. Durham
DITTO, W. M. (3)	912 N. Elm St. Greensboro
DIXON, T. L. (3)	111 Corcoran St. Durham
DOLBEE, EARL R., JR. (1)	312 Commercial Bldg. Hendersonville
DOWDY, JOHN H. (5)	225 Rose St. Rocky Mount
DRUM, BORDEN C. (1)	Conover
DUDLEY, D. W. (1)	20 Lorraine Ave. Asheville
DUDNEY, GEORGE G. (4)	State Board of Health Raleigh
DUKE, J. F. (5)	P. O. Box 695 Washington
DUNCAN, NORMAN JAMES (2)	636 Reynolds Bldg. Winston-Salem
DUNCAN, S. C. (2)	Box 294 Monroe
DUPREE, LOUIS J., JR. (5)	Kinston
DUPREE, COL. LEWIS J. (5)	Box 325 Swansboro
DURHAM, B. J. (3)	Box 918 Southern Pines
EAGLES, R. L. (4)	Louisburg
EAKES, S. E. (4)	First Citi. Bk. Bldg. Franklinton
EARLY, A. C. (5)	303 Bk. of Wayne Bldg. Goldsboro
EATMAN, C. D. (5)	212 Peoples Bk. Bldg. Rocky Mount
EATMAN, E. L. (5)	212 Peoples Bk. Bldg. Rocky Mount
ECKARD, EVERETTE, A. (2)	Box 311 Mocksville
EDWARDS, A. C. (1)	Box 3 Lawndale
EDWARDS, BYARD F. (1)	Webb Bldg. Shelby
EDWARDS, E. L. (1)	State Hospital Morganton
EDWARDS, GEORGE L., JR. (5)	Kinston
EDWARDS, H. A. (5)	P. O. Box 60 Pink Hill
EDWARDS, JAMES H. (4)	Professional Bldg. Raleigh
EDWARDS, J. R. (4)	Fuquay Springs
EDWARDS, J. R., JR. (4)	Fuquay Springs

EDWARDS, L. M. (3)	111 Corcoran St.	Durham
EDWARDS, W. J. (3)	Chatham Bk. Bldg.	Siler City
EDWARDS, Z. L. (5)	Hoyt Bldg.	Washington
EDWARDS, ZENO L., JR. (5)	Hoyt Bldg.	Washington
EFIRD, IRA P., JR. (3)	1217 Magnolia St.	Greensboro
ELLERBE, J. H. (3)	Steele Bldg.	Rockingham
ELLINGTON, R. H. (2)	Wallace Bldg.	Salisbury
ELLIOTT, JAMES J. (2)	928 E. Boulevard	Charlotte
ETHRIDGE, J. E. (4)		Kenly
EURE, DARDEN, J. (5)		Morehead
EVANS, M. R. (3)	School of Den.	Chapel Hill
EZZELL, JOHN WILLIAM (2)	205 Cabarrus Bk. Bldg.	Concord
EZZELL, L. L. (1)		Andrews
FALES, A. R. (5)	Murchison Bldg.	Wilmington
FALLS, RALPH L. (1)	Box 270	Morganton
FARRELL, ROSCOE M. (3)		Pittsboro
FARTHING, J. CLOPTEN (2)	Reynolds Bldg.	Winston-Salem
FAUCETTE, J. W. (1)	New Med. Bldg.	Asheville
FERRO, EDWARD R. (5)	306 Connley Ave.	Ahoskie
FIELDS, PAISLEY (4)	P. O. Box 375	Fairmont
FINCH, ROBERT E. (4)	Professional Bldg.	Raleigh
FINCH, S. J. (4)	P. O. Box 311	Oxford
FINCH, WALTER H., JR. (4)	Box 862	Henderson
FINN, JAMES C. (3)	510 W. Market St.	Greensboro
FISHER, W. R. (2)		Concord
FITZGERALD, PAUL (5)	P. O. Box 538	Greenville
FITZGERALD, PAUL, JR. (4)	Professional Bldg.	Raleigh
FLEMING, A. H. (4)	P. O. Box 66	Louisburg
FLEMING, J. MARTIN (4)	1218 Glenwood Ave.	Raleigh
FLEMING, THOS. S. (5)		Tarboro
FOLGER, J. M. (2)		Dobson
FORBES, M. M., JR. (1)	106 S. Main St.	Lenoir
FOSTER, H. K. (3)	Southeastern Bldg.	Greensboro
FOUSHEE, L. M. (3)	Box 966	Burlington
FOUST, J. A., JR. (3)		Mebane
FOWLER, W. FRANK (2)		Walnut Cove
FOX, BURKE W. (2)	308 Med. Arts Bldg.	Charlotte
FOX, M. O. (2)	201 W. Main St.	Elkin
FOX, NOAH D. (2)	1656 Reynolds Bldg.	Winston-Salem
FREEDLAND, JAKE B. (2)	1206 Liberty Life Bldg.	Charlotte
FREEMAN, TOM P. (4)	Route 2	Raleigh
FREUND, O. J. (2)	715 W. 4th St.	Winston-Salem
FRITZ, C. B. (1)	Menzies Bldg.	Hickory
FRITZ, JOHN R. (1)	Menzies Bldg.	Hickory
FRONEBERGER, H. D. (1)	Medical Bldg.	Gastonia
FROST, J. S. (3)	203 Park Square	Burlington
FRYE, DAVID G., JR. (1)	214 Second St.	Hickory
FUERST, HERBERT (5)	1210 Sunset Ave.	Rocky Mount
FUNDERBURKE, ERVIN M. (2)	Doctors Bldg.	Charlotte
FURR, CURTIS E. (2)	2405 Kannapolis Rd.	Concord

FURR, JAMES E. (5)	Wilmington
FURR, W. E. (1)	Franklin
GAITHER, F. GLENN (2)	403 W. Broad St. Statesville
GALARDE, A. J. (2)	101 Queen's Road Charlotte
GALE, JOHN I. (3)	Box 243 Wadesboro
GALLAGHER, J. WILFRED (3)	School of Den. Chapel Hill
GARBER, MAX R. (3)	115 South St. Albemarle
GARDNER, J. M. (4)	Gibson
GARRETT, R. T. (3)	Rockingham
GARRIOTT, ROSEBUD M. (2)	East Bend
GARRIS, M. A. (5)	Weldon
GAY, S. P. (3)	326 Jefferson Bldg. Greensboro
GEORGE, ROBERT ALLEN (2)	192 S. Main St. Mount Airy
GEORGLADE, N. G. (3)	Duke Hospital Durham
GERDES, C. D. (1)	McGeachy Bldg. Biltmore
GETSINGER, D. M. (3)	Box 1078 Chapel Hill
GILBERT, R. H. (5)	Clinic Bldg. Glenwood Ave. Kinston
GILBERT, W. B., JR. (3)	Fidelity Bank Bldg. Durham
GILLIAM, F. E. (3)	Box 448 Burlington
GLENN, EDMOND, T. (1)	Boone
GODWIN, CHARLES P. (5)	P. O. Box 926 Rocky Mount
GOLDWASSER, JOS. M. (5)	2217 Ivy Rd. Kinston
GOLLOBIN, ARTHUR (5)	Carolina Bldg. Elizabeth City
GOODING, CARNEY C. (5)	Havelock
GOODING, HERBERT W. (5)	Ayden
GOODWIN, C. J. (1)	Brevard
GRADY, L. V. (2)	1509 Liberty Life Bldg. Charlotte
GRAHAM, C. ALLEN (3)	Ramseur
GRAHAM, C. A., JR. (3)	Ramseur
GRAHAM, JAMES E., JR. (2)	1506½ Central Ave. Charlotte
GRAHAM, RICHARD H. (1)	Lenoir
GRANT, BEN P. (1)	Franklin
GRANT, L. C. (5)	Jackson
GRAY, W. H. (5)	Box 169 Williamston
GRIFFIN, W. K. (3)	1004½ W. Main St. Durham
GRIFFIN, WALLACE S. (5)	Citizens Bank Bldg. Edenton
GRIMES, W. F. (4)	First Citi. Bk. Bldg. Fayetteville
GRIMSLEY, WALTER, R. (3)	Asheboro
GUION, JNO. HOMER (2)	6-B Doctors Bldg. Charlotte
HAIR, J. E. (1)	Canton
HAIR, J. S. (4)	Fayetteville
HAIR, L. G. (4)	Box 684 Fayetteville
HALE, CLARENCE C. (5)	Sutton Bldg. Kinston
HALE, G. FRED (4)	Professional Bldg. Raleigh
HALE, J. P. (4)	115 Bow St. Fayetteville
HALL, WALTER A., JR. (3)	School of Den. Chapel Hill
HAMER, THOMAS N. (2)	415 Professional Bldg. Charlotte
HAMILTON, A. L., JR. (5)	Morehead City
HAMILTON, R. P. (4)	Cary
HAMMOND, W. L. (5)	330 S. Front St. New Bern

HAND, WILLIAM L., JR. (5)	.....	New Bern
HARGROVE, A. W. (4)	.....302 Professional Bldg.	Raleigh
HARGROVE, W. F. (1)	.....526 N. Main St.	Hendersonville
HARLESS, LT. CHARLES (4)	.....615 Infirm.	Ent. AFB, Colo.
HARRELL, JAMES A. (2)	.....Box 688	Elkin
HARRELL, PAUL T. (4)	.....P. O. Box 12	Wake Forest
HARRELL, R. B. (2)	.....Box 688	Elkin
HARRELSON, HENRY C. (2)	.....Liberty Life Bldg.	Charlotte
HARRIS, ARCHIE L. (5)	.....416 Murchison Bldg.	Wilmington
HARRIS, F. G. (4)	.....135 Wicker St.	Sanford
HARRIS, GUY V. (3)	.....511 Trust Bldg.	Durham
HARRIS, STANFORD (1)	.....	Weaverville
HARRIS, T. H. (4)	.....Wake County Health Dept.	Raleigh
HARRIS, WM. E. (2)	.....Ramey AFB	Puerto Rico
HART, S. T. (3)	.....Security Nat. Bank	High Point
HART, W. I., JR. (5)	.....	Edenton
HARTNESS, JOHN F. (2)	.....Box 6262	St. Petersburg, Florida
HARWOOD, BROOKS W. (3)	.....	Mt. Gilead
HAYNES, FRANK K. (2)	.....509 Independence Bldg.	Charlotte
HEATH, LeROY (3)	.....1506 Carolina Avenue	Durham
HEDMAN, L. C. (5)	.....413 Murchison Bldg.	Wilmington
HEDRICK, PAUL E. (1)	.....Hedrick Bldg.	Lenoir
HEINZ, J. W. (2)	.....1516 B. Central Ave.	Charlotte
HELSEBECK, C. ROBERT (2)	.....Box 38	Rural Hall
HELSEBECK, WILLIAM J. (2)	.....Box 325	King
HENDERSON, H. C. (2)	.....	Charlotte
HENDRICKS, F. R. (1)	.....Box 116	Waynesville
HENSON, DONALD L. (5)	.....208 Glenwood Ave.	Kinston
HENSON, JAMES L. (3)	.....1029 Madison Avenue	Greensboro
HERMAN, RALPH E. (2)	.....	Taylorsville
HERRING, L. D. (4)	.....617 Professional Bldg.	Raleigh
HESSEMAN, GARY (2)	.....801 Liberty Life Bldg.	Charlotte
HESTER, ELLIOT MCK. (3)	.....132 Church St.	High Point
HESTER, J. N. (3)	.....Penn. Bldg.	Reidsville
HESTER, O. H. (3)	.....507 N. Main St.	High Point
HIGHSMITH, CHAUNCEY (1)	.....P. O. Box 573	Gastonia
HIGLEY, BRUCE W. (4)	.....617 Searight Drive	Fort Bragg
HIGLEY, L. B. (3)	.....Laurel Hill Rd.	Chapel Hill
HILL, J. N. (1)	.....Box 191	Murphy
HINSON, J. Y. (3)	.....118½ E. Main St.	Durham
HINSON, W. P. (3)	.....649 N. Main St.	High Point
HINTON, W. R., JR. (3)	.....Jefferson Bldg.	Greensboro
HODGIN, ORIEN R. (2)	.....17 W. Main St.	Thomasville
HOFFMAN, MILO (2)	.....211 Hawthorne Lane	Charlotte
HOFFMAN, ROBERT R. (1)	.....808 Flatiron Bldg.	Asheville
HOLCOMB, D. W. (2)	.....605 Reynolds Bldg.	Winston-Salem
HOLDEN, R. H. (3)	.....P. O. Box 1221	Shallotte
HOLLADAY, J. K. (2)	.....301 A. Hawthorne Lane	Charlotte
HOLLAND, J. M. (2)	.....Mills Bldg.	Statesville
HOLLAND, N. T. (4)	.....	Clayton

HOLLIDAY, R. H. (2)	17 Randolph St.	Thomasville
HOLLY, NORMAN J. (1)		Tryon
HOLMES, C. RAY (3)	1029 Madison Ave.	Greensboro
HOLSHOUSER, L. C. (2)	Box 535	Rockwell
HOOKS, OSCAR (5)	Box 754	Wilson
HOOPER, G. L. (4)	Turlington Bldg.	Dunn
HOOPER, L. J. (1)	606 Flatiron Bldg.	Asheville
HOOVER, DAN C. (2)	Professional Bldg.	Charlotte
HOOVER, RUFUS GRAY (2)	108 Colville Rd.	Charlotte
HORD, D. F. (1)	Box 301	Kings Mountain
HORD, DWIGHT B. (1)	Box 192	Lawndale
HORTON, CHARLES W. (3)	114½ S. Main St.	High Point
HORTON, R. L. (4)	Route 2	Wendell
HORTON, S. ROBERT (4)	620 Professional Bldg.	Raleigh
HOUSTON, B. H. (5)	710 S. Oleander Ave.	Goldsboro
HOWELL, A. E. (2)	P. O. Box 344	Spencer
HOWELL, J. SPENCER (1)	Box 255	Little Switzerland
HOWELL, W. C., JR. (3)	1109 W. Main St.	Durham
HOWES, RALPH R. (1)	Romina Theatre Bldg.	Forest City
HOYLE, FRANK W. (1)	727 Haywood Road	Asheville
HUGHES, CHARLES W. (3)		Roxboro
HUGHES, JACK H. (3)		Roxboro
HUGHES, JOHN T. (3)	Box 237	Pittsboro
HULIN, JAMES F. (4)		Sanford
HULL, P. C. (2)	1014 Independence Bldg.	Charlotte
HULL, P. C., JR. (2)	6-H Doctors Bldg.	Charlotte
HUNSUCKER, HUGH M. (3)	100 Fisher Park Circle	Greensboro
HUNT, JOHN J. (1)	Box 247	Cliffside
HUNT, J. K. (4)		Lakeview
HUNT, J. T. (4)		Henderson
HUNT, R. F. (5)	P. O. Box 926	Rocky Mount
HUNT, R. NAT (2)		Lexington
HUNTER, E. W. (4)	Box 786	Sanford
HUNTER, GROVER C., JR. (3)	School of Den.	Chapel Hill
HUNTER, M. R. (3)	414 Jefferson Bldg.	Greensboro
HUNTER, R. S. (4)	1515 St. Mary's St.	Raleigh
HUNTER, THOMAS M. (4)	Jefferson Bldg.	Henderson
HUSSEY, T. E. (3)		Star
HUTCHINSON, C. L. (5)		Scotland Neck
INGRAM, W. A. (2)	Secrest Bldg.	Monroe
INSCOE, A. G. (5)	Box 427	Spring Hope
IRWIN, JOHN R. (2)	901 Independence Bldg.	Charlotte
ISENHOWER, SAMUEL E. (1)		Newton
JACKSON, DAVID S. (5)	State Hospital	Goldsboro
JACKSON, DWIGHT A. (2)	Nissen Bldg.	Winston-Salem
JACKSON, WILBERT (4)	Rich Bldg.	Clinton
JAMISON, HOMER C. (2)	615 East 4th St.	Charlotte
JARRELL, W. A. (2)	1111 E. Morehead St.	Charlotte
JARRETT, CHARLES A. (2)	913 Independence Bldg.	Charlotte
JARRETT, CLYDE H. (2)	Doctor's Bldg.	Charlotte

JARRETT, RALPH F. (2)	913 Independence Bldg.	Charlotte
JENNETTE, A. T. (5)		Washington
JENT, HERMAN C. (2)	9 E. Sprague St.	Winston-Salem
JERNIGAN, J. A. (4)	Box 68	Dunn
JOHNSON, ARTIS D. (5)	National Bank Bldg.	Wilson
JOHNSON, A. H. (3)	101 E. Washington St.	Greensboro
JOHNSON, B. McK. (5)	Box 391	Greenville
JOHNSON, C. B. (5)		Jacksonville
JOHNSON, CHARLES B. (5)	220 Elks Temple	New Bern
JOHNSON, F. G. (2)		Lexington
JOHNSON, K. L. (4)	302 Masonic Temple	Raleigh
JOHNSON, M. L. (4)	P. O. Box 392	Whiteville
JOHNSON, N. C., JR. (3)	608 N. Main St.	High Point
JOHNSON, WADE H. (5)	Box 109	Plymouth
JOHNSON, WILLIAM H. (3)		Southern Pines
JOHNSTON, CHARLES D., JR. (5)		Elizabeth City
JONES, BROADUS E. (2)	57 N. Church St.	Concord
JONES, EDGAR D. (1)		West Jefferson
JONES, MARVIN T. (4)	Hosp. Dental Clinic	Fort Jackson, South Carolina
JONES, PAUL E. (5)	South Main St.	Farmville
JONES, R. S. (4)		Warrenton
JONES, WILLIAM F. (2)	820½ Main St.	N. Wilkesboro
JORDAN, J. F. (4)		Raeford
JOYNER, O. L. (2)	P. O. Box 55	Kernersville
KANOEY, BURRELL EDMOND (3)	2809½ Roxboro Rd.	N. Durham
KARESH, H. A. (3)	Jefferson Bldg.	Greensboro
KEENER, HAROLD (1)	474½ Haywood Rd.	Asheville
KEERANS, JAMES L. (2)	810 Com. Bank Bldg.	Charlotte
KEIGER, C. C. (2)	712 Independence Bldg.	Charlotte
KENDRICK, V. B. (2)	1001 Liberty Life Bldg.	Charlotte
KENDRICK, ZEBULON V. (2)	Doctors Bldg.	Charlotte
KENNERLY, ROBERT B. (1)	609 Public Service Bldg.	Asheville
KETCHAM, WILLIAM S. (5)	Box D	Jacksonville
KIDD, WILLIAM E. (5)		Washington
KILKELLY, T. F. (3)	303 Dixie Bldg.	Greensboro
KILPATRICK, J. M. (5)		Robersonville
KILPATRICK, RALPH E. (3)	325 Sunset Ave.	Asheboro
KING, D. D. (4)	Box 336	Lumberton
KIRBY, O. B. (2)	228½ N. Tryon St.	Charlotte
KIRK, FRANK W. (2)	200 Wallace Bldg.	Salisbury
KIRK, WILLIAM S. (2)	200 Wallace Bldg.	Salisbury
KIRKENDALL, C. E. (2)	1516 Central Ave.	Charlotte
KIRKLAND, GEO. F. (3)	405 Trust Bldg.	Durham
KISER, J. DONALD (2)	3275 S. Perry St.	Montgomery, Ala.
KISTLER, A. R. (2)	P. O. Box 314	Monroe
KISTLER, C. D. (3)	Box 34	Randleman
KITTS, WARREN H. (4)	State Hospital	Raleigh
KORNEGAY, J. M. (5)		Warsaw

KRUEGER, G. L., JR. (2)	807 Com. Bank Bldg.	Charlotte
KYLES, C. PAUL (1)	Box 129	Maiden
LACKEY, A. A. (1)		Fallston
LANIER, HAROLD S. (2)	Dental Corps MCAS	Cherry Point
LANSCH, F. E. (5)	400 State Bank Bldg.	Greenville
LARGE, NELSON D. (5)	5303 Duke St.	Alexandria, Va.
LASLEY, J. T. (3)	334 Jefferson Bldg.	Greensboro
LAUTEN, J. J. (3)	811 N. Elm	Greensboro
LAWRENCE, E. N. (4)	701 Professional Bldg.	Raleigh
LAWRENCE, JACK D. (1)	Appalachian Theater Bldg.	Boone
LAXTON, W. P. (5)	308 Murchison Bldg.	Wilmington
LAZENBY, G. A., JR. (2)	403 W. Broad St.	Statesville
LEE, E. G. (4)		Clinton
LEE, JAMES (5)	201 W. College St.	Mount Olive
LEE, LEWIS W. (5)	207 N. Tarboro St.	Wilson
LEE, W. G. (4)		Smithfield
LEGGETTE, JAMES A. (3)	School of Dentistry	Chapel Hill
LENTZ, BERNARD P. (2)	Professional Bldg.	Charlotte
LESSEM, ROBERT B. (4)	Box 949	Fayetteville
LEVINE, H. H. (2)	537 Nissen Bldg.	Winston-Salem
LEWIS, O. PRESTON (1)		Kings Mountain
LIBBY, ROBERT H. (2)	1524 Harding Place	Charlotte
LIGON, J. H., JR. (4)	800 St. Mary's St.	Raleigh
LILLY, M. M. (5)	Professional Bldg.	Scotland Neck
LINDAHL, ROY L. (3)	School of Den.	Chapel Hill
LINDSAY, DAN A. (1)		West Jefferson
LINDSEY, KEMP (4)	507 First Cit. Bk. Bldg.	Fayetteville
LINEBERGER, H. O., JR. (4)	Professional Bldg.	Raleigh
LIPE, E. W. (2)	Professional Bldg.	Kannapolis
LIPSCOMB, C. T. (3)	P. O. Box 325	Greensboro
LITTLE, JAMES E. (2)	Box 733	Statesville
LITTLE, THOMAS A. (3)	2908 Roxboro Rd.	Durham
LITTON, ROBERT B. (1)	704 W. Warren St.	Shelby
LOCKHART, D. K. (3)	Fidelity Bank Building	Durham
LOCKWOOD, A. T. (1)	508 City Bldg.	Asheville
LONG, HERBERT S. (3)	P. O. Box 246	Graham
LONG, ROBERT (2)		Mocksville
LONG, ROBERT E. (3)		Roxboro
LOVE, JAMES H. (1)	102½ Broadway	Black Mountain
LUPTON, CECIL R. (5)		Swanquarter
MACKIE, E. B. (1)		Granite Falls
MALLARD, A. R. (5)	P. O. Box 256	Goldsboro
MARKS, SANDY C. (5)	APCM Lubondai, Tshimbulu,	Congo Belge, Africa
MARSHALL, W. PENN. (4)	Professional Bldg.	Raleigh
MARSHBANK, B. P. (4)		Lillington
MARSHBURN, J. A. (4)	State Hospital	Camp Butner
MARTIN, ERNEST L. (2)	502 Stearns Bldg.	Statesville
MARTIN, FRANKLIN E. (1)	Box 146	Enka

MARTIN, WM. T. (4)	303 Professional Bldg.	Raleigh
MASSEY, L. M. (4)		Zebulon
MASSEY, M. B. (5)	200 State Bank Bldg.	Greenville
MASSEY, S. H., JR. (4)		Warrenton
MASSEY, W. J., JR. (4)		Smithfield
MASSEY, ZYBA K. (4)	Box 252	Zebulon
MASTEN, GUY (2)	724 Arbor Rd. N. W.	Winston-Salem
MASTEN, R. E. (2)	335 Nissen Bldg.	Winston-Salem
MASTERS, W. B. (1)		Bakersville
MATHESON, WILLIAM M. (1)	Boone Drug Bldg.	Boone
MAUNEY, RICHARD G., JR. (1)	Box 345	Forest City
MAXWELL, H. E. (4)	907 Hay Street	Fayetteville
MAY, H. M. (1)	205 Flatiron Bldg.	Asheville
McANNALLY, C. W. (3)		Madison
McBRAYER, WM. FISHER (1)	1042 N. Washington	Rutherfordton
McBRAYER, MATT (1)		Rutherfordton
McCALL, CLYDE N. (1)	Dobbins Air Force Base	Marietta, Ga.
McCALL, C. S. (1)	Box 102	Forest City
McCALL, C. W. (1)		Tryon
McCALL, GLENN WESLEY (1)	Box 1331	Tryon
McCALL, R. S. (1)	Box 527	Marion
McCALL, S. H. (3)	P. O. Box 157	Troy
McCLUNG, JOHN A. (2)	401 Pepper Bldg.	Winston-Salem
McCRACKEN, C. H. (1)	131 Arcade Bldg.	Asheville
McDANIELS, W. J. (1)	Security Bank Bldg.	Rutherfordton
McDOWELL, WM. WHITE (1)	407 2nd St.	Hickory
McDUFFIE, A. A. (3)	P. O. Box 173	Candor
McFALL, WALTER T. (1)	602 Flatiron Bldg.	Asheville
McFARLAND, W. G. (3)	272 N. Graham-Hopedale Rd.	Burlington
McGUIRE, ALICE PATSY (1)		Sylva
McGUIRE, DAISY (1)		Sylva
McGUIRE, HAROLD S. (1)		Sylva
McGUIRE, NORACELLA E. (1)	Box 445	Sylva
McGUIRE, W. P. (1)		Sylva
McINTOSH, J. A. (3)	Barnes Bldg.	Asheboro
McKAUGHAN, GATES (4)	P. O. Box 878	Lumberton
McKAUGHAN, W. R. (3)	330 Locke St.	High Point
McKAY, S. R. (4)		Lillington
McLEAN, GRAHAM (4)		Lumberton
McRAE, WALTER L. (4)		Red Springs
MEADOR, J. R. (3)	P. O. Box 1105	Reidsville
MEDFORD, N. M. (1)	Box 156	Waynesville
MEDFORD, PHIL McRAE (1)		Waynesville
MEDLIN, E. M. (3)	Box 176	Aberdeen
MEGGINSON, L. P., JR. (3)		High Point
MELVIN, R. PHILLIP (2)	2008 Cloverdale Ave.	Winston-Salem
MENDENHALL, F. C. (2)	214 Nissen Bldg.	Winston-Salem
MENIUS, JOHN W., JR. (3)	Box 144	Asheboro
MILLER, C. I. (3)	Box 748	Albemarle
MILLER, ROY A., JR. (5)	Mohn Bldg.	New Bern

MILLER, W. J. (1)	Box 501	Lenoir
MILLIKEN, J. B. (3)	P. O. Box 71	Siler City
MINGES, CLYDE E. (5)	Box 192	Rocky Mount
MINGES, C. R. (5)	Box 192	Rocky Mount
MISKA, MONTE G. (3)	School of Den.	Chapel Hill
MIZE, JOHN T. (1)	Box 305	Tryon
MIZELL, D. B. (2)	215 Professional Bldg.	Charlotte
MOHN, ROBERT L. (4)	Box 1223	Fayetteville
MOHR, I. W. (3)	4203 Chester Ave.	Philadelphia, Pa.
MONK, H. L., JR. (3)	401 Dept. Nat. Bk. Bldg.	Durham
MONTGOMERY, D. O. (2)	P. O. Box 309	Statesville
MOORE, E. D. (2)	921 Elizabeth Ave.	Charlotte
MOORE, H. W. (3)	P. O. Box 373	Hillsboro
MOORE, J. G. (2)	154 N. Main St.	Mooreville
MOORE, J. S. (3)	Box 149	Reidsville
MOORE, L. J. (4)		St. Pauls
MOORE, L. J., JR. (4)	Box 998	Lumberton
MOORE, R. T. (1)		Mount Holly
MOORE, R. W. (5)	112 St. James St.	Tarboro
MOOREFIELD, PAUL (2)	P. O. Box 311	Mount Airy
MORELAND, JESSE Z. (1)		Highlands
MORGAN, EUGENE BROWN (2)	P. O. Box 794	Kannapolis
MORRIS, DONALD W. (2)	1519 Elizabeth Ave.	Charlotte
MORRIS, ERNEST C. (2)	1519 Elizabeth Ave.	Charlotte
MORRISON, B. R. (5)	210 Murchison Bldg.	Wilmington
MORRISON, ROBERT R. (4)	520 Professional Bldg.	Raleigh
MOSER, JAMES E. (1)	Box 1123	Gastonia
MOSER, KENNETH B. (2)	25 A. Woodland Terrace Apts.	Columbia, S. C.
MOSER, S. E. (1)	Commercial Bldg.	Gastonia
MOSES, JOHN E. (2)	Doctor's Bldg.	Charlotte
MOSES, J. M. (1)	25 Myrtle St.	Belmont
MOTLEY, ELLIOTT R. (2)	217 N. Torrence St.	Charlotte
MUNSELL, PAUL L. (5)	First Cit. Bank Bldg.	Kinston
MURPHREY, W. E. (5)		Roanoke Rapids
MURRAY, HENRY V. (3)	Box 98	Burlington
MUSTAIN, WALLACE F. (5)	Box 113	Kill Devil Hills
MYNATT, WM. A. (1)		Biltmore
NEAL, W. E. (3)		Liberty
NELSON, J. S. D. (4)	Masonic Bldg.	Raleigh
NELSON, R. M. (3)	School of Den.	Chapel Hill
NELSON, THOMAS E., JR. (4)	200 St. Mary's St.	Raleigh
NEWMAN, J. B. (3)	Box 196	Burlington
NEWTON, M. E. (3)	Box 1291	Chapel Hill
NICHOLS, R. T. (3)		Rockingham
NICHOLSON, J. H. (2)	Box 527	Statesville
NICHOLSON, MARION P., JR. (4)	Bryan Bldg.	Raleigh
NIMOCKS, W. G. (4)	Sandrocks Bldg.	Fayetteville
NISBET, T. G. (2)	301 Hawthorne Lane	Charlotte
NISSSEN, EVA CARTER (2)	633 Nissen Bldg.	Winston-Salem

NIXON, H. E. (5)	322 Carolina Bldg.	Elizabeth City
NOBLE, R. J. (4)	7557 Au-Disp. APO 851C,	New York, N. Y.
O'LEARY, J. A. (1)	Box 156	Fletcher
OLIVE, C. S. (4)	First Cit. Bk. Bldg.	Fayetteville
OLIVE, R. M. (4)	First Cit. Bk. Bldg.	Fayetteville
OLIVE, R. M., JR. (4)	211 Devene St.	Fayetteville
OLIVER, OTIS (2)	P. O. Box 784	Mount Airy
OLIVER, W. H. (4)	4455 USAF Hospital	Donaldson AFB, South Carolina
OSBORNE, C. P. JR. (4)	Box 724	Lumberton
OVERCASH, ROBERT F. (3)	Harris Bldg.	Albemarle
OVERMAN, G. L. (5)	506 Wayne Nat. Bk. Bldg.	Goldsboro
OWEN, OLIN WATSON (2)	1201 E. Morehead St.	Charlotte
PAGE, L. G. (3)	P. O. Box 157	Yanceyville
PAISLEY, R. L. (1)	Ervin Bldg.	Morganton
PARKER, C. A. (1)	Box 305	Marion
PARKER, H. C., JR. (2)	1301 Liberty Life Bldg.	Charlotte
PARKER, W. H. (1)	Box 2	Valdese
PARKS, J. H. (2)	209 Professional Bldg.	Kannapolis
PASCHAL, LAWRENCE H. (4)		Fayetteville
PATTERSON, CURTIS E. (3)	2007 Walker Ave.	Greensboro
PATTERSON, GEORGE K. (3)	Box 432	Burlington
PATTERSON, G. K. (1)	617 Flatiron Bldg.	Asheville
PATTERSON, H. M. (3)	Box 792	Burlington
PATTERSON, RALPH M. (2)	P. O. Box 544	Concord
PAYNE, JOHN EDWARD (4)	Hancock Bldg.	Oxford
PAYNE, JOSEPH M. (4)		Clayton
PEARCE, JACOB A. (4)	2713 Peachtree St.	Raleigh
PEARCE, O. R. JR. (4)	Turlington Bldg.	Dunn
PEARCE, W. M. (3)	49½ Main St.	Hamlet
PEARSON, E. A. (4)	410 Professional Bldg.	Raleigh
PEARSON, P. L. (4)		Apex
PEELER, C. M. (1)	Box 363	Shelby
PEELER, LACKEY B. (3)	6-C Doctor's Bldg.	Charlotte
PEERY, WALTON S. (2)	225 N. Torrence St.	Charlotte
PEGG, FRED N. (2)	P. O. Box 204	Kernersville
PENNELL, WILLIAM T. (1)	2 Windsor Rd.	Asheville
PENNY, J. E. (1)	Boyd Bldg.	Waynesville
PERDUE, H. L. (3)	Box 1547	Burlington
PETREE, R. E. (2)	418 Professional Bldg.	Charlotte
PHARR, JOE (1)		Cherryville
PHARR, JOHN R. (2)	619 Professional Bldg.	Charlotte
PHILLIPS, A. A. (4)	Professional Bldg.	Raleigh
PIGFORD, GUY E. (5)	611 Murchison Bldg.	Wilmington
PITTS, D. R. (3)	R.F.D. 1, Box 126A	Jamestown
PLASTER, HAROLD EDWIN (1)	Royster Bldg.	Shelby
PLASTER, HUBERT S. (1)	P. O. Box 216	Shelby
PLEASANTS, MARVIN (4)		Louisburg
PLESS, C. A. (1)	801 Flatiron Bldg.	Asheville

POINDEXTER, CLAIBORNE W. (3)	311 Jefferson Bldg.	Greensboro
POINDEXTER, C. C. (3)	311 Jefferson Bldg.	Greensboro
POOLE, J. G. (5)	Mem. Gen. Hospital	Kinston
POOLE, S. D. (5)	Box 203	Goldsboro
POOVEY, AUBURN L. (1)	Bernard Bldg.	Hickory
POPE, E. F. (1)	Box 188	Hendersonville
POWELL, C. G. (5)	115 W. Main St.	Ahoskie
POWELL, J. B. (4)		Clinton
PRATT, F. P., JR. (2)	528 Mitchell Ave.	Salisbury
PRESSLEY, WM. A. (3)	822 N. Elm St.	Greensboro
PRESNELL, O. L. (3)	First Nat. Bk. Bldg.	Asheboro
PRICE, A. DWIGHT (3)	208 Lennox Bldg.	Chapel Hill
PRICE, J. L. (1)		Hickory
PRICE, WILLIAM H. (2)	205 Jefferson St.	Monroe
PRIDGEN, D. L. (4)	115 Bow St.	Fayetteville
PRINGLE, A. J. (2)	RFD No. 2	Kernersville
PRINGLE, J. M. (4)	Box 1134	Fayetteville
PRUETT, JULIUS E. (1)		Bessemer City
PRUETT, L. DOYLE (2)	210 W. Main St.	Elkin
PRUITT, C. C., JR. (4)	USNH	Chelsea, Mass.
PURVIS, P. C. (4)		Fairmont
RALPH, W. T. (5)		Belhaven
RAMSEY, ARTHUR (1)	P. O. Box 93	Marshall
RANKIN, W. W. (4)	406 Professional Bldg.	Raleigh
RANSON, ROBERT K. (1)		Burnsville
RASBERRY, WILLIAM E. (5)		Gritton
RATTON, THOMAS G. (2)	Development Bldg.	Lexington
RAYMER, J. L. (1)	Masonic Bldg.	Shelby
READE, A. P. (3)	Fidelity Bank Bldg.	Durham
REECE, J. F. (1)	203 Fidelity Bldg.	Lenoir
REECE, J. P. (2)	Cannon Bldg.	Concord
REEVES, HORACE P., JR. (2)	225 N. Torrence St.	Charlotte
REHM, JEROME G. (2)	Doctors Bldg.	Charlotte
REICH, E. H. (2)	104 Lexington Rd.	Winston-Salem
REID, CURTIS S. (2)	506 Nissen Bldg.	Winston-Salem
RENFROW, R. R. (4)	1304 Fort Bragg Rd.	Fayetteville
RHEA, R. C. (1)	Box 366	Canton
RHYNE, HOWARD S. (1)	Realty Bldg.	Gastonia
RICH, C. F. (1)	7 Bk. of Asheville Bldg.	Asheville
RICHARDSON, RICHARD E. (3)	School of Den.	Chapel Hill
RIDDICK, C. R. (5)		Ayden
RIDDLE, ARTHUR C. (1)	435 Biltmore Ave.	Asheville
RIDENHOUR, CHARLES E. (2)	Carolina Bldg.	Kannapolis
RIGGS, ABNER F. (5)	319 Carolina Bldg.	Elizabeth City
RIGGS, H. P. (5)	No. 9 N 17th St.	Wilmington
ROACH, THOMAS H. (2)	214 Wallace Bldg.	Salisbury
ROBERTS, C. F. (4)		Dunn
ROBERTS, JAMES E. (3)	Box 1362	Burlington
ROBERTS, PEARCE, JR. (1)	417 City Hall Bldg.	Asheville
ROGERS, JOHN (2)	2400 Wilkinson Blvd.	Charlotte

ROLLINS, L. C. (1)	Wells Bldg.	Canton
ROSS, GRADY (2)	613 Independence Bldg.	Charlotte
ROSS, HEYWOOD (2)	505 Liberty Life Bldg.	Charlotte
ROSS, LEDYARD ELREE (5)	First Nat. Bk. Bldg.	Ayden
ROSS, NORMAN F. (3)	Duke Hospital	Durham
ROSS, THURMAN J. (3)	Trust Bldg.	Durham
RUDDER, WILLIAM L. (5)	Box 332	Beaufort
RUSSELL, L. T. (1)	City Bldg.	Asheville
SAIN, H. T. (1)	Kirksey Clinic	Morganton
SAMS, R. B. (1)		Mars Hill
SANDERS, C. W. (4)	First Cit. Bk. Bldg.	Benson
SAPP, BAXTER B. (3)		Durham
SAPPINGTON, ROY ROBERT (4)	P. O. Box 1253	Fayetteville
SAUNDERS, WILLIAM L. (3)	Jefferson Bldg.	Greensboro
SCHIEBEL, EDWARD C. (2)	219 W. Main St.	Elkin
SCHNEIDER, CDR. J. J. (1)	U. S. Naval Dental Clinic, Navy Base	Norfolk, Va.
SCHMUCKER, RALPH (2)	801 Liberty Life Bldg.	Charlotte
SCOTT, GLEN G. (3)		Leaksville
SCOTT, LUDWIG G. (3)	Route 2	Burlington
SCRUGGS, CHARLES S. (5)	'D' DIV USS VULCAN 'ARS' c/o F.P.O.	New York, N. Y.
SCRUGGS, W. N. (2)	402 Wilder Bldg.	Charlotte
SECREST, J. R. (2)	118½ W. 4th St.	Winston-Salem
SECREST, W. A. (2)	208 O'Hanlon Bldg.	Winston-Salem
SEIFERT, DAVID W. (4)	804 Professional Bldg.	Raleigh
SEITTER, D. B., JR. (5)	907 Murchison Bldg.	Wilmington
SELF, FRED L. (1)	Lawing Bldg.	Lincolnton
SELF, I. R. (1)	Lawing Bldg.	Lincolnton
SELF, RUFFIN, JR. (1)	P. O. Box 127	Lincolnton
SENER, J. C. (3)	Box 911	Albemarle
SESSOMS, WILLIAM W. (3)	Southeastern Bldg.	Greensboro
SHAFFER, S. W. (3)	Southeastern Bldg.	Greensboro
SHAMBURGER, B. B. (3)		Star
SHANKLE, ROBERT J. (3)	School of Den.	Chapel Hill
SHAPIRO, EUGENE (1)		Asheville
SHAW, F. C. (1)	304 Willow St.	Lenoir
SHEFFIELD, NEAL (3)	304 Dixie Bldg.	Greensboro
SHERROD, W. B. (2)	Wachovia Bank Bld.	Winston-Salem
SHOAF, R. R. (2)	Box 542	Lexington
SHOLAR, N. P. (2)	201 W. McClelland Ave.	Mooreville
SHORT, L. H. (2)	Doctors Bldg.	Charlotte
SIGMON, JAMES W. (3)	Southeastern Bldg.	Greensboro
SIKES, T. E. (3)	Southeastern Bldg.	Greensboro
SIKES, T. E., JR. (3)	Southeastern Bldg.	Greensboro
SLAUGHTER, FREEMAN C. (2)	209-11 Professional Bldg.	Kannapolis
SLOOP, W. M. (1)		Crossnore
SLOTT, EDWIN F. (3)	Box 15	Graham
SMITH, A. H. (2)	Route 2	Lexington
SMITH, A. L., JR. (4)	Box 198	Sanford

SMITH, EDWARD N. (4)	1900 Bragg Blvd.	Fayetteville
SMITH, EVERETT L. (4)	820 Professional Bldg.	Raleigh
SMITH, GROVER WILTON (5)	1300 West Road	Kinston
SMITH, JAMES H. (5)	Southern Bldg.	Wilmington
SMITH, JUNIUS C. (5)	502 Murchison Bldg.	Wilmington
SMITH, MARCUS R. (4)		Raeford
SMITH, ROBERT LEE (3)	606 N. Fifth St.	Albemarle
SMITH, THOMAS A. (5)	90 Manteo Drive	Havelock
SMITHWICK, D. T. (4)	First Nat. Bk. Bldg.	Louisburg
SNYDER, J. M. (1)	Box 177	Old Fort
SOCKWELL, CLARENCE L. (3)	School of Den.	Chapel Hill
SOLOMAN, M. H. (3)	912 Elm St.	Greensboro
SOUTHARD, FLOYD J. (2)	Pinnix Bldg.	Kernersville
SOUTHWORTH, JOHN D. (3)	1202 Madison Ave.	Greensboro
SOWERS, WADE A. (2)		Lexington
SPEAR, HERBERT (5)	Box 615	Kinston
SPENCE, WM. M. (5)	215 Carolina Bldg.	Elizabeth City
SPILLMAN, JOHN H. (2)	2008 Cloverdale Ave.	Winston-Salem
SPOON, RILEY E. (2)	834 Nissen Bldg.	Winston-Salem
STANFORD, A. R. (3)	Guilford Bldg.	Greensboro
STANLEY, LLOYD B. (4)	800 St. Mary's St.	Raleigh
STANLEY, J. W. (5)		Wilmington
STEALEY, S. L., JR. (4)	Professional Bldg.	Raleigh
STEELMAN, S. H. (1)	P. O. Box 308	Lincolnton
STEPHENS, J. A. (3)	E. Front St.	Burlington
STEPHENSON, GEORGE (4)	Box 588	Red Springs
STEVENS, C. W. (4)	Box 535	Elizabethtown
STODDARD, A. L. (5)		Bethel
STONE, C. N. (3)	9th, Vine St.	Greensboro
STONE, FLEMING H. (2)	Liberty Life Bldg.	Charlotte
STONE, I. F. (2)	Box 116	Pilot Mountain
STONESTREET, F. M. (3)	304 Hill Bldg.	Albemarle
STOWE, G. C., JR. (1)	Drawer 125	Shelby
STROUP, PAUL A., JR. (2)	9-F Doctors Bldg.	Charlotte
STUBBS, J. M. (3)	Jefferson Apts.	Rockingham
STURDEVANT, CLIFFORD M. (3)	School of Den.	Chapel Hill
STURDEVANT, ROGER E. (3)	School of Den.	Chapel Hill
SUGG, C. H. (3)	Ridge St.	Draper
SUGGS, J. R. (3)	First Nat. Bank Bldg.	Asheboro
SWAIM, JOHN (3)		Asheboro
SWAIN, JOHN P., JR. (4)	Professional Bldg.	Raleigh
SWINDELL, JAMES E. (4)	Professional Bldg.	Raleigh
TANNENBAUM, A. R. (3)	1001 N. Elm St.	Greensboro
TATUM, E. W. (5)		Mount Olive
TAYLOR, MAJ. C. B. (1)	Dental Clinic IA	Camp Gordon, Georgia
TAYLOR, C. F. (2)	Box 4024	Charlotte
TAYLOR, LOIS E. (2)	720 E. Blvd.	Charlotte
TAYLOR, OMER W. (1)	Hunter Bldg.	Hendersonville
TAYLOR, P. R. (1)		Belmont

TAYLOR, ROBERT G. (2)	Box 586	N. Wilkesboro
TAYLOR, W. C. (2)	P. O. Box 1429	Salisbury
TEAGUE, C. H. (3)	716 Southeastern Bldg.	Greensboro
TEAGUE, EVERETT R. (3)	Box 659	Reidsville
TEMPLETON, W. B. (2)	Liberty Life Bldg.	Charlotte
TEW, J. J. (4)		Clayton
THOMAS, C. A. (5)	P. O. Box 1315	Wilmington
THOMAS, CARL L. (2)	P. O. Box 663	Mount Airy
THOMAS, J. T. (3)	151 N. Fayetteville St.	Asheboro
THOMPSON, H. K. (5)	802 N. C. Bank Bldg.	Wilmington
THOMPSON, HAROLD W. (2)		China Grove
THOMPSON, LEE ROY (2)	801 O'Hanlon Bldg.	Winston-Salem
THORPE, JACOB OLIVER (2)	2015 Crescent Ave.	Charlotte
THURSTON, MILTON S. (2)	126½ Ennis St.	Salisbury
TODD, H. A. (4)		Whiteville
TOMLINSON, F. N. (2)	O'Hanlon Bldg.	Winston-Salem
TOMLINSON, ROBERT L. (5)	204 Nat. Bank Bldg.	Wilson
TOWLER, S. B. (4)	804 Professional Bldg.	Raleigh
TOWNSEND, G. L. (4)		Dunn
TRIVETTE, L. P. (2)	Box 574	Mooreville
TROUTMAN, MARCUS L. (2)	P. O. Box 751	Kannapolis
TRULUCK, M. H. (1)	704 Flatiron Bldg.	Asheville
TUCKER, WILLIAM W. (5)	210 Herman St.	Goldsboro
TURBYFILL, W. J. (1)	302 Flatiron Bldg.	Asheville
TURLINGTON, R. A. (4)	P. O. Box 416	Clinton
TURLINGTON, ROSCOE HAROLD (4)	Henry C. Vann Bldg.	Clinton
TURNER, J. V. (5)	Nat. Bank Bldg.	Wilson
TURNER, L. R. (5)	P. O. Box D	Jacksonville
TURNER, R. S. (3)	3606 Madison Ave.	Greensboro
TUTTLE, R. D. (2)	829 Nissen Bldg.	Winston-Salem
UMPHLETT, W. W., JR. (5)	507 Nash St.	Wilson
UNDERWOOD, F. H. (3)		Carthage
UNDERWOOD, J. T. (3)	2829 Chapel Hill Rd.	Durham
UNDERWOOD, N. H. (4)		Wake Forest
UNDERWOOD, R. L. (3)	115½ S. Elm St.	Greensboro
VANDERVOORT, CAMIEL ROBERT (3)	107 N. Poplar	Aberdeen
VAN PROYEN, LEON (1)	Box 27	Weaverville
VOILS, C. U. (2)		Mooreville
VOILS, V. V. (2)		Mooreville
VOLLMER, THOMAS DENNIS (3)	Carlyle Clinic	Burlington
WADSWORTH, CHARLES (2)	401 Cabarrus Savings Bank Bldg.	Concord
WALKER, B. N. (2)	301 Hawthorne Lane	Charlotte
WALKER, F. H. (2)		Yadkinville
WALKER, M. E. (3)	1431 Broad St.	Durham
WALKER, W. W. (3)	Box 301	Burlington
WALL, L. E. (2)	704 Independence Bldg.	Charlotte
WALLER, D. T. (2)	301-C Hawthorne Lane	Charlotte
WARD, ERNEST B. (4)		Chadbourn

WARD, W. M. (5)	Roanoke Rapids
WARLICK, R. B. (3)	Southern Pines
WARREN, E. R. (5)	303 Broden Bldg. Goldsboro
WATKINS, J. C. (2)	417 Forsyth St. Winston-Salem
WATSON, S. R. (4)	Henderson
WAYNICK, GEORGE E. (2)	731 Nissen Bldg. Winston-Salem
WAYNICK, I. M. (2)	731 Nissen Bldg. Winston-Salem
WEANT, T. F., JR. (2)	506 Fourth St. Spencer
WEATHERSBEE, RAMSEY (5)	Box 602 Wilmington
WEATHERSBEE, RAMSEY, JR. (5)	Box 602 Wilmington
WEAVER, R. C. (1)	303 Flatiron Bldg. Asheville
WEBSTER, B. H. (2)	1112 Liberty Life Bldg. Charlotte
WEBSTER, FRANK T. (3)	Box 62 Madison
WEEKS, H. E. (5)	Tarboro
WEEKS, WM. P. (2)	Veterans Admin. Winston-Salem
WEHUNT, EVAN S. (1)	Main & Mtn. St. Cherryville
WEHUNT, LLOYD D. (1)	Guigou Bldg. Valdese
WELLS, C. T. (1)	Wells Bldg. Canton
WELLS, C. T., JR. (1)	Wells Bldg. Canton
WELLS, DELEON, JR. (5)	Wallace
WERTZ, JOE L. (2)	P. O. Box 101 Landis
WEST, J. F. (5)	Roanoke Rapids
WEST, J. L. (1)	Franklin Bank Bldg. Franklin
WESTRICK, CHAS. M. (3)	School of Den. Chapel Hill
WHARTON, RICHARD G. (2)	Box 422 Salisbury
WHEELER, C. D. (2)	500 Wallace Bldg. Salisbury
WHEELER, CHARLES M. (3)	305 Banner Bldg. Greensboro
WHEELER, JOHN R. (3)	Meador Bldg. Reidsville
WHICKER, T. A. (2)	Professional Bldg. Thomasville
WHISNANT, C. M. (1)	Burnsville
WHISNANT, J. F. (1)	Box 237 Ellis Bldg. Spindale
WHITE, T. L. (2)	N. Wilkesboro
WHITEHEAD, A. P. (5)	Peoples Bk. Bldg. Rocky Mount
WHITEHEAD, J. W. (4)	Smithfield
WHITEHURST, R. L. (5)	Box 907 Rocky Mount
WHITSON, W. K. (1)	401 Jackson Bldg. Asheville
WHITTEMORE, CAPT. ROBERT (3)	4002th ASU Dent. Sec. Camp Chaffee, Ark.
WHITTINGTON, P. B., JR. (3)	230 Med. Arts Bldg. Greensboro
WILKINS, RALPH A. (3)	Box 828 Burlington
WILKINS, R. A. (5)	Mount Olive
WILLIAMS, CAROLYN T. (2)	Box 103 N. Wilkesboro
WILLIAMS, HARRY (4)	Roseboro
WILLIAMS, HENRY T. (1)	Hollar Bldg. Hickory
WILLIAMS, JOEL SHERROD, JR. (2)	West Bldg. Statesville
WILLIAMS, JOHN R. (2)	714 Nissen Bldg. Winston-Salem
WILLIAMS, R. E. (5)	Professional Bldg. Greensboro
WILLIAMSON, B. W. (3)	406 Entwistle St. Hamlet
WILLIAMSON, J. F. (3)	Wadesboro
WILLIS, GUY R. (3)	111 Corcoran St. Durham

WILSON, F. M. (2)	101 S. Hayne St.	Monroe
WILSON, ROY W. (2)	818 Professional Bldg.	Charlotte
WINCHESTER, P. W. (1)	Box 628	Morganton
WITHERS, ROBERT M. (2)	Box 396	Davidson
WOLFE, CARL B. (3)	153 Bishop St.	Greensboro
WOLTZ, WILLIAM L., JR. (4)	222 E. Main St.	Sanford
WOODALL, D. C. (4)		Erwin
WOODARD, W. L. (5)		Beaufort
WOODY, J. L. (1)	Box 335	Bryson City
WOODY, L. W. (1)	P. O. Box 36	Spruce Pine
WOODY, L. W., JR. (1)		Spruce Pine
WOODY, M. E., JR. (1)	318 South St.	Gastonia
WOODY, SPENCER (3)	Box 226	Roxboro
WOODY, WILLIAM L. (1)	318 South St.	Gastonia
WOOTEN, A. L. (5)	National Bank Bldg.	Wilson
WOOTEN, C. L. (4)		Whiteville
WOOTEN, G. A. (5)	P. O. Box 163	Snow Hill
WRIGHT, DAN (5)	405 E. Fourth St.	Greenville
WRIGHT, E. K., JR. (5)		Robersonville
YATES, P. P. (1)	Hedrick Bldg.	Lenoir
YELTON, J. L. (1)		Shelby
YELTON, W. F., JR. (2)	531 Nissen Bldg.	Winston-Salem
YELTON, WILLIAM D. (1)	P. O. Box 795	Hickory
YELVERTON, J. HUGH (5)	Davis Bldg.	Wilson
YOKELEY, GILBERT W. (2)	407 O'Hanlon Bldg.	Winston-Salem
YOKELEY, K. M. (2)	O'Hanlon Bldg.	Winston-Salem
YOUNG, DAVID C., JR. (2)	212 Wallace Bldg.	Salisbury
YOUNG, H. L. (5)		Rocky Mount
YOUNG, T. L. (4)	502 Professional Bldg.	Raleigh
YOUNG, W. H. (5)		Burgaw
YOUNG, W. KENNETH (3)	Jefferson Bldg.	Greensboro
ZACKERY, J. F. (1)		Brevard
ZAYTOUN, HENRY (5)		Rocky Mount
ZEALY, J. M. (5)	Bordman Bldg.	Goldsboro
ZIBELIN, C. V. (5)	Box 194	Wallace
ZIMMERMAN, H. STOKES (2)	804 Nissen Bldg.	Winston-Salem
ZIMMERMAN, J. W., JR. (2)	405 Wallace Bldg.	Salisbury
ZIMMERMAN, L. H. (3)	Security Bank Bldg.	High Point
ZIMMERMAN, L. R. (3)	Security Bank Bldg.	High Point
ZIMMERMAN, T. R. (3)	Security Bank Bldg.	High Point



